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ABSTRACT

These 15 conference papers discuss exemplary practices and key issues faced by local human services managers and elected officials. The issues include understanding the local government role in managing human services, coordinating human service delivery, non-service approaches to governing human services, public-private sector cooperation, and network building. Titles of papers include Partnerships in Human Services: Experiences of the Seattle-King County Area; Unification of Social Services--the Utah Experience; Service Coordination: An Introduction to the Louisville/Jefferson County, Kentucky System; and Intergovernmental Relations and Social Policy in the Eighties. Other topics are The Wyoming Human Services Project: A Multidisciplinary Approach to Human Services Delivery in Energy-Impacted Communities; A Human Services Planning Cycle Model; and Coalition for Human Services Planning. Appendices list conference participants and advisory board members and summarize results of a networking questionnaire. (KC)

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COORDINATING HUMAN SERVICES AT THE LOCAL LEVEL:

PROCEEDINGS

of the

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EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

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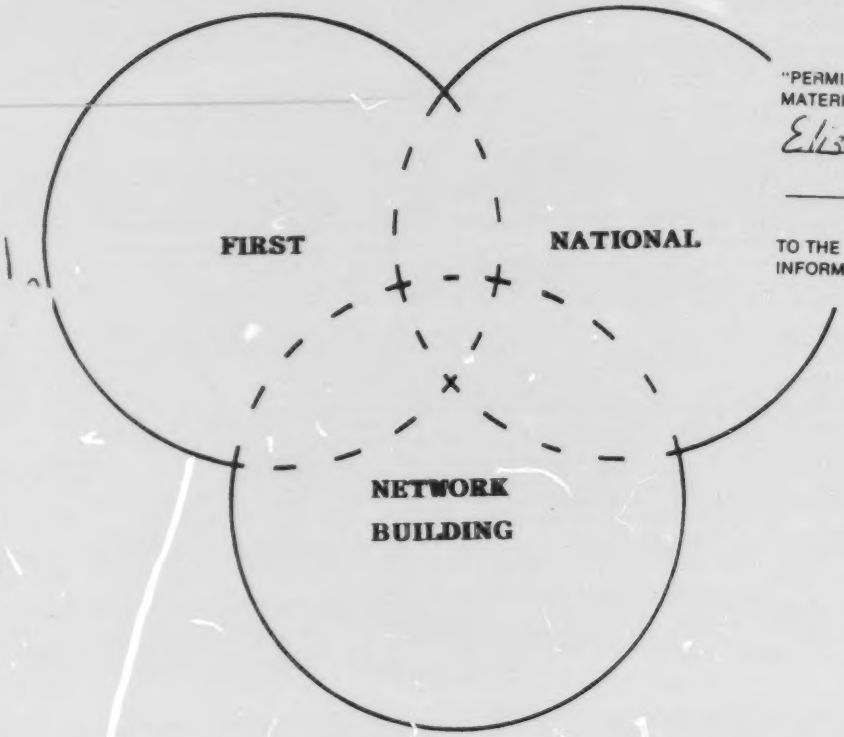

CONFERENCE

Denver, Colorado

June 23-24, 1980

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FOREWORD

The Office of Human Development Services sponsored the First National Network Building Conference for Coordinating Human Services at the Local Level because of its awareness of the critical role that local government and community groups have in the effective and efficient operation of human services programs. The presence of a network encompassing the informal methods of exchange and the formal procedures initiated by public interest groups and other associations is an invaluable tool for achieving our common goal of making these programs work better for those in need of services. It is our hope that this conference will strengthen the network related to coordination of human services and that it reflects the type of Federal initiative which all participants in this area of concern deem to be useful and deserving of continued action.

The two day conference was designed for the introduction and exchange of information on innovative approaches to the local management and coordination of human services. Presentations were made by representatives of local general purpose governments, human service coordinating bodies, national public interest groups, universities, private industry, and state and federal human service agencies. In addition to the keynote and luncheon addresses, each morning and afternoon session consisted of a concept paper and two case study presentations on the same theme. The papers in these Proceedings address the issues of understanding the local government role in managing human services, coordinating human service delivery, non-service approaches to the governance of human services, public-private sector cooperation, and network building.

The more than 130 individuals attending the conference represent a wide cross-section of human service professionals from throughout the country with a variety of experiences in the human service arena, including: Planning, Assessment, Management, Resource Allocation, Service Delivery, Evaluation, Policy Development, and Coordination. Among the participants were county executives; city managers and administrators; local public Human Resources administrators and planners; state Human Resources planners, policy-makers and administrators; private human service providers; consultants, educators and researchers in local level management approaches; representatives of national public interest groups and associations; and regional and federal government staff from the Office of Human Development Services. The conference was successful in highlighting exemplary practices and focusing on key issues faced by local human service managers and elected officials in their effort to maximize the effective use of limited resources on problems of shared concern.

During the final session of the conference, many participants volunteered to serve on an Advisory Committee to submit recommendations to the Office of Policy Development for follow-up activities. The Advisory Committee has since been convened through a teleconference to prioritize proposed activities, including the development of a Second National Network Building Conference for

Coordinating Human Services at the Local Level. Future meetings are planned in September to solicit input from the members of the American Public Welfare Association, National Association of Counties, U.S. Conference of Mayors and United Way of America at their conferences. At this time, work plans will be developed to meet the emerging needs of this network, including additional national and statewide conferences, and a resource pool to serve as a clearinghouse of information on managing and coordinating human services at the local level. The Advisory Committee will also discuss and propose appropriate incentives to support local level coordination efforts. Those readers who are interested in offering their ideas are invited to share their recommendations with the Office of Policy Development, members of the Advisory Committee, and the Institute for Information Studies at any time. Your support is sincerely appreciated.

Ms. Mary Jane Cronin
Office of Policy Development
Office of Human Development Services
Department of Health and Human Services

ACKNOWLEDGEMENTS

The First National Network Building Conference for Coordinating Human Services at the Local Level was the result of several months of planning and coordination with input from many valuable resource persons. Their commitment to the intent and success of the conference was evidenced by their earnest support and consultation. Though many individuals and organizations that have offered their ideas and encouragement may not be mentioned here by name, their contributions are most sincerely acknowledged.

Special respect and gratitude are extended to Ms. Mary Jane Cronin, who is to be credited with the enterprising initiation of this conference, first through the Office of Planning, Research and Evaluation (OPRE) and later for her continued and far-reaching support through the Office of Policy Development (OPD), also of the Office of Human Development Services (OHDS) in Washington, D.C. Robyn Stone is to be warmly commended for her unceasing good humor and insight throughout the planning of the conference as the Project Officer from OPRE/OHDS. Jim Dolson, also formerly of OPRE/OHDS has served as a resourceful gatekeeper by identifying a variety of exemplary R & D projects and contact persons.

Within Region VIII, in Denver, Colorado, sincere appreciation is offered to Mr. Paul Mahoney who was consistently helpful in facilitating conference arrangements and serving as a liaison for the many participants from that area. Through his efforts and the receptiveness of Dr. Arlene Vigil Sutton, the agenda reflected the excellent projects in that region that have made the inroads for adaptation by others concerned with similar high priority issues. Warmest regards must be accorded to Ms. Jane Odendahl of the HDS Regional Office staff who provided the logistical support necessary for the successful coordination of the conference in an extremely thoughtful and considerate manner.

Special thanks are also extended to the State of Colorado, the City and County of Denver, and Pueblo Human Resources Commission for co-sponsoring the conference and welcoming participants to their beautiful state. In addition, Mr. Quentin Lawson of the Baltimore Blueprint is to be sincerely commended for his support of the First National Network Building Conference and for providing the insight of his experience throughout both planning and follow-up activities. To encompass the many individuals that were instrumental in the success of the conference, the encouragement and support of the conference speakers, reactors, moderators and participants must be acknowledged. Sincere appreciation is given to Dr. Elizabeth Pan, President of the Institute for Information Studies, Mark Troppe, who supervised the development of the Proceedings, and Suzanne Stotler, Sandy Bailey and Barbara Herring for their excellent clerical support.

The Advisory Committee that readily emerged from the conference continues to offer their expertise in the development of a lasting network for the coordination of human services at the local level. All those involved are recognized as leaders in this pioneering effort and with the

support of Mr. Warren Master and Ms. Mary Jane Cronin of the Office of Policy Development, their efforts will yield a system of mutual support to the benefit of all. Special thanks go to all involved in the growing movement toward improved communication of innovative approaches for managing and coordinating human services at the local level.

Lois R. Saboe, M.S.W.
Conference Coordinator
Institute for Information Studies

FIRST NATIONAL NETWORK BUILDING CONFERENCE

FOR

COORDINATING HUMAN SERVICES AT THE LOCAL LEVEL

Denver, Colorado
June 23-24, 1980

AGENDA

June 23, 1980 — Monday

8:30 am — Mt. Lincoln Plenary Session

Opening Address

Welcome by Mary Jane Cronin, Office of Policy Development, Office of Human Development Services, Dept. of Health and Human Services, Washington, DC

Welcome by Co-sponsors
- Armando Attencio, Director, City and County of Denver Dept. of Social Services, Denver, CO
- Michael Occhiato, Chairman, Pueblo Area Council of Governments, Pueblo, CO

Theme, Purpose, and Overview of the Conference by Mary Jane Cronin, who provided the conference initiative from the Office of Human Development Services

9:00 am — Mt. Lincoln Plenary Session

Keynote Address

Introduction by Dr. Arlene Vigil Sutton, Regional Administrator, Region VIII, Office of Human Development Services, Denver, CO

Keynote Address by County Commissioner Mark Ravenscraft, Akron, OH

Theme: Code Word: Coordination - Scrambling and Unscrambling

9:30 am — Mt. Lincoln Plenary Session

Key Issues Overview

Introduction by James Dolson, MSW, Research and Demonstration Office of Policy Development, Office of Human Development Services, DHHS, Washington, DC

Key Issues Overview by Quentin Lawson, Human Resources Coordinator, Office of the Mayor, Baltimore, MD

10:00 am — Coffee Break - Outside Mt. Lincoln

10:30 am — Mt. Lincoln Plenary Session

Concept Paper by Dr. Robert Agranoff, Director, Center for Governmental Studies, Northern Illinois University, Dekalb, IL

Theme: Understanding the Local Government Role in Managing Human Services

11

11:00 am
Mt. Lincoln and Mt. Harvard

Breakout Sessions

45 min. each

Case Studies on the same theme will be presented concurrently in breakout sessions. Participants will stay in their group and speakers will switch rooms at the end of the first session.

- Utah Unification of Social Services Project
  - Dr. Anthony Mitchell, Executive Director, Dept. of Social Services, Salt Lake City, UT
  - Commissioner Charles Stromberg, Tooele County, UT
  - Susan Christie, Associate Director for Administration, Colorado Dept. of Social Services, Denver, CO
- Seattle-King County Human Resources Coalition
  - Donald Dudley, Director, Dept. of Human Resources City of Seattle, WA
  - Pat Solberg, Senior Planner, Dept. of Social and Health Services, Seattle, WA

12:30 pm
Mt. Princeton and Yale

Luncheon

Special Address by Jane Belau, Vice President, Control Data Corporation, Minneapolis, MN

Theme: Public/Private Sector Cooperation

2:00 pm
Mt. Lincoln Plenary Session

Concept Paper by Susan Chucker, Urban Systems Research and Engineering, Boston, MA

Theme: Coordinating Human Service Delivery

2:30 pm
Mt. Lincoln and Mt. Harvard

Breakout Sessions

45 min. each

Case Studies will be presented in the breakout sessions format. Please return to the same room after the 3:15 coffee break to participate in the second case study presentation.

- Human Services Coordination Alliance, Inc.
  - Dolores Delahanty, Executive Director, Human Services Coordination Alliance, Inc., Louisville, KY
  - Donald Waddell, Consultant, Community Services, City and County of Denver Dept. of Social Services, Denver, CO

3:15 pm

Coffee Break - Outside Mt. Harvard

2:30 pm
Mt. Lincoln and Mt. Harvard

Breakout Sessions

45 min. each

Case Studies (cont'd)

- Baltimore Blueprint
  - Quentin Lawson, Human Development Director, Office of the Mayor of Baltimore, MD
  - William Brooks, Director, El Pueblo Boys Ranch, Pueblo, CO

4:00 pm — Synthesis and Overview by Dr. Thomas Backer, Conference Facilitator, Human Interaction Research Institute, Los Angeles, CA

Theme: Research Utilization and Networking Options

5:30 pm — Cash Bar - Mt. Princeton

June 24, 1980 — Tuesday

8:30 am
Mt. Lincoln
Plenary
Session

Keynote Address

Introduction by Howard Morse, Research and Statistics, City and County of Denver Dept. of Social Services, Denver, CO

Keynote Address by John E. Hansan, Ph.D., Executive Director, National Conference on Social Welfare, Washington, DC

Theme: Network Building Issues

9:00 am
Mt. Lincoln
Plenary
Session

Concept Paper by James Gollub, Senior Urban Studies Analyst, SRI International, Menlo Park, CA

Theme: Rediscovering Governance: Non-Service Approaches and the Context of Public/Private Collaboration

Participants will engage in a Simulation Game for Identifying Non-Service Approaches for addressing community human service needs and issues. As time permits, there will be a Synthesis of Responses and a question and answer period with the speaker.

10:15 am — Coffee Break - Outside Mt. Lincoln

10:30 am
Mt. Lincoln
and
Mt. Harvard

Case Studies will be presented in the breakout sessions format. Please be seated by 10:30 am to allow for two full sessions. In the general discussion following each presentation, it may be helpful to consider what Non-Service Approaches might be tried.

Breakout
Sessions

45 min.
each

- Metropolitan Human Services Commission
  - Barry Mastrine, Executive Director, Metropolitan Human Services Commission, Columbus, OH
  - Michelle Garner, Coordinator of Research, Evaluation, and Quality Assurance, Southeast Community Mental Health Center, Columbus, OH
- Wyoming Human Services Project
  - Dr. Julie M. Uhlman, Research Anthropologist, Industrial Economics Division, Denver Research Institute, University of Denver, CO
  - Judith Davenport, Project Director, Wyoming Human Services Project, University of Wyoming, Laramie, WY

12:00 pm
Mt. Princeton and Yale — Luncheon

Overview of OHDS Reorganization
- Warren Master, Director, Office of Policy Development, OHDS/DHHS, Washington, DC
- Dr. Arlene Vigil Sutton, Regional Administrator, Region VIII, OHDS/DHHS, Denver, CO

1:30 pm
Mt. Lincoln Plenary Session — Concept Paper by Stephen Graham, Staff Director, Human Services Coordinating Council of San Mateo, County, CA

Theme: Human Services Network Building at the Local Level

2:00 pm
Mt. Lincoln and Mt. Harvard Breakout Sessions
45 min. each — Case Studies will be presented in the breakout sessions format.

- Pueblo Human Resources Commission
  - Manuel Esquibel, Chief, Research and Planning, Pueblo Human Resources Commission, Pueblo, CO
  - Susan Fujita and Alan Krmarik, Senior Planning Analysts, Pueblo Human Resources Commission, Pueblo, CO
- Coalition for Human Services Planning
  - Hester Shultz, City and County of Indianapolis, IN
  - Robert S. Hawkins, ACSW, Coordinator of Community Services, Colorado State Hospital, Pueblo, CO

2:45 pm — Coffee Break - Outside Mt. Harvard

3:30 pm
Mt. Lincoln Plenary Session — Synthesis of Responses to Network Building Questionnaire and Overview of Options for future Research Utilization Approaches
- Dr. Thomas Backer, Conference Facilitator

COORDINATION: SCRAMBLED AND UNSCRAMBLED

KEYNOTE ADDRESS

Mark T. Ravenscraft
County Commissioner
Akron, OH

KEYNOTE ADDRESS

I am very pleased to be with you this morning. I like human services people. I find them very creative and exciting, and as I went through the list of participants, as they say, "I have never seen a gathering of more talents since Thomas Jefferson dined alone." I think human service people are often falsely accused of having their heads in the clouds, but when I heard this conference was going to be held in the Mile High City, I figured that you had conquered that impression, and I simply could not refuse the request to speak. For my brethren in the National League of Cities and the good councilmen from Pueblo, and because I do not want city government to be blamed for any of the blasphemous statements which I am about to make, I must make one modification on Dr. Sutton's introduction. I am a county commissioner, one of the courthouse gang. I was at one time a councilman-at-large and then was elected county commissioner--a post in which I presently serve in Summit County, Ohio. Our county has 560,000 people, and we are 27 miles from Cleveland, located in Northeastern Ohio for those of you who know anything about our state. We pride ourselves on taking a very active part in social services. I must say though, that my county is larger population-wise than about nine states. Yet I stand here in awe of these two resource materials from Wyoming. I do hope that all of you avail yourselves of taking copies of these because I just had a chance to glance through them and I must congratulate my friends from Wyoming. They have done a superb job of coming up with a very fine resource tool. And looking at the resource tables out there, it's quite evident that we have collected here today a great many ideas about coordination and a great many good innovative concepts.

I think in reviewing the schedule that the one thing that struck me as especially beneficial about this conference was that the staff determined that we weren't going to be lectured to. We are being brought into this conference as active participants. So I look forward to these next two days. Let me begin by saying that I sometimes think that all is not what it appears to be. I remember a story that I am quite fond of that illustrates this--a story about an accountant who worked very hard to support his family, being very dedicated to them. He would work 18 hours a day, and gradually he accumulated some material wealth which made it possible to move into a high-rise condominium. Every morning he would get up and go to work about 6 o'clock. As time went on, he developed this feeling that his wife was cheating on him; he was sure of it. So one morning he got to the office and pulled into the parking lot, but unable to stand it anymore, he turned around and rushed home at 90 miles an hour. He switched off the ignition and didn't even take the elevator. He ran up 12 stories, then down the hall and into the apartment and then down the hall and into the bedroom. There she was, still in bed. He said, "Aha, I've caught you. He's in here. I know he's in here, and I'm going to find him, and I'm going to kill him." She said, "Sam, it's only 7 o'clock in the morning. I don't understand why you are doing this." He said, "It doesn't make any difference. I know he's in here. I'm going to find him. I'm going to kill him." So he began to systematically ransack the apartment, pull out everything from the closets and overturn the furniture. He rushed into the kitchen, then out on the balcony, and looking down saw a fellow in a gray

sport-shirt reading the PLAIN DEALER. He yelled, "Aha, I've found you," and he rushed in, grabbed the refrigerator, tugged it out on the balcony, threw it over and killed the guy. So he was brought up on charges of murder, and he was sentenced to the electric chair by the State--we're into capital punishment in Ohio. After the execution, he met St. Peter who was checking him in at the gate. St. Peter said, "Your name please," and he said, "Johnson," and then St. Peter said, "How did you meet your demise?" He told him and St. Peter said, "Well, that is a strange occurence. I imagine you had some provocation, but really...Well, you have a good record and you have provided for your family, so welcome to heaven. We hope that you enjoy your stay here." The next man in line had a gray shirt on and said his name was Jones. St. Peter asked, "How did you meet your demise?," and he said, "Well, we had this nut living upstairs, and he was always accusing me of fooling around with his wife which was simply not true. I was reading the morning paper and the guy starts yelling at me, and I look up. The next thing I know I see a refrigerator and that's the last thing I remember." St. Peter said, "Well that sounds a little bizarre, but I know a little bit of the background in this case and you, too, have a good record. I am sorry that you had to meet your demise that way, but welcome to heaven, and I hope that you enjoy your stay here." The third man seemed nicely though casually dressed. St. Peter said, "Name please," and he said, "Smith." St. Peter asked, "How did you meet your demise?" He said, "It's the damnedest thing but I don't know. I was sitting in this refrigerator minding my own business..."

I tell that little story because I think it's important that we recognize that things are not always the way they appear, and those of us involved in the planning and delivery of human services--either in government or the private sector--must be prepared for that challenge. "The most attractive class of people," wrote Ralph Waldo Emerson, "are those who are powerful obliquely and not by the direct stroke...they are people with genius not yet accredited... one gets the cheer of their light without paying too great a tax." And I would submit to you that some of us in the human services sector oftentimes turn that around. We are not as obliquely powerful as we should be in this system of ours. In my county last year, we spent $89 million of state, federal, county, and private resources on public aid, public welfare, public assistance. We had over 30,000 active cases of public assistance, and we administered a department of 513 employees. Now if you divide 30,000 active cases of public assistance into approximately $90 million, you could conceivably give everyone $20,000 of guaranteed income and turn the key and go home. One of our problems (and it's going to get worse instead of better) is that those of us who are professionally involved in the human service sector fail to recognize (or recognize and choose to set aside) that we are over-professionalized and have lost, in my opinion, the contact between the client and the caseworker, and the supervisor, and the director, and the manager or the department head.

We have over-bureaucratized our system to the extent that we not only miss the stimulation of accountability to the client, but even miss a meaningful dialogue with the client. Most of the code words and the lexicon that we will be using for this two-day conference would not be understood by the average client that we are supposed to serve.

I speak to you as a local politician whose livelihood depends on the acceptance of my constituents and their understanding of what I am trying to do. I tell you frankly that I see throughout a large group of local public officials,

the great fear that their constituents are turning away from human services. They are becoming more calloused about the idea of spending money on human services and that is our fault, collectively our fault. We, the politicians, have perhaps not in all cases involved you, the service providers, in the political education of the public, and you have not always involved us in the aspect of what to do, and when to do it, and how to do it in the most cost effective way. As you heard from my introduction, I am very involved in elderly long-term care issues. Right now my constituency, demographically, is becoming more elderly and less transient, and there is a population decline in my region which means that if I am to gear up for the future trend, clearly elderly services must be the main focus of my attention. And in inventorying that, we look first at the new Department of Health and Human Services, and then the Administration on Aging, and then the Social Security Program, and then the Veterans Administration, and now the Department of Education will be getting into certain health rehabilitation issues for strokes and so forth.

Now let me explain why I selected the terms, scrambled and unscrambled in the title of my talk. Scrambled to me involves the issues of intake, eligibility, case management, follow-up, and cost effectiveness. I see no continuum in case management in this country despite the OARS instrument, despite the managed care coordinating system that IBM bestowed upon us in Ohio, and despite all of the technology transfer that we have available to us. There is no perfected case management system (except perhaps Wyoming and more power to Wyoming!). But to those of us who are dealing with thousands and thousands of cases, we have not effectively surmounted that scrambled egg of case coordination. Assessment words like evaluation, goals, strategy, financial resources, human resources, and result--these are all words that we in our daily terminology kick around quite loosely. You know as a politician, I am always put on the spot. In the early days of my campaigning people would ask me how I felt about abortion. I would try to dodge that, and then they would say, "How do you feel about euthanasia?" And I would say, "Well, I believe in young people's programs around the world," and hope that they understood that. But we do subscribe to an unbelievably complicated lexicon of words, phrases, and terms. We have become so professionalized and bureaucratized in our approach to human services that we need a good George Bernard Shaw ax on the lexicon of social services.

Now let me say a few words about private versus public fundings. In my county, as I have mentioned to you, we spent over $89 million in fiscal 1979 on 30,000 active cases of public assistance. United Way or Community Chest, as it is sometimes called, raised $6 million. The focus of the public's attention as far as social services dollars spent is on United Way, not on the overwhelming bulk of the money which is raised by tax dollars, spent as tax dollars, and controlled by the government. We have got to turn that around; it is ridiculous for the tail to be wagging the dog. Now we don't have to turn it around in the sense that the government becomes the prime determinator of social services. I would probably say that is the worst mistake we could make. But clearly we have a job to do in telling our people, especially at the local level, that the overwhelming number of dollars that finance these services come from the government. We have not strengthened the natural support system of social services no matter what we would like to tell ourselves. If you have been reading the report coming out of the White House Conference on Families, you realize that the family unit is clearly a

national issue now that family disintegration is recognized. That has some startling implications for the future, not only social service implications, but economic implications. We, the human service providers, supposedly with our hearts in the right place have to do something about that, because clearly, no program, no continuum of care (see I am even guilty of it!), no system by which we are going to keep track of people from womb to tomb is going to replace what we need in the form of ancillary support services from the family. And we have lost something. We've lost that certain amount of spirituality and prophetic zeal when it comes to helping people. We have become case managers, social service professionals, social service workers, but we rarely if ever get to know the families of the people we serve in the true sense of the word--in the sense of the word that we can begin to think in our minds, "How can they displace us?" How can we suddenly be eclipsed from this picture and bring the natural support system back into full swing? Indeed, our tax laws have now made philanthropy in the private sector harder not easier, and certain resources in the private sector are drying up and diminishing, not getting greater. So what we are doing by our policies on a national basis is to weaken, not strengthen the natural support system, and we in the human service sector must speak out with a very loud voice to prevent that from happening in the halls of Congress or in the halls of our state legislatures. The indices that can be used to judge whether or not we have truly brought people full circle to a state of more independence such as 1) the unemployment rate, 2) the total case load, and 3) the at-risk population for institutionalization indicate that we have been an abysmal failure.

But we haven't been an abysmal failure. In many respects the quality of our services is much better than it was three years ago, five years ago, ten years ago. But those indices are the indices that are going to be used by the resource allocators and the "born again budget cutters" who are now at work, and we must recognize that. We must deal with those indices. When the 1980 Census becomes public and published, we must look at those figures very carefully, and in each Census tract begin to weigh carefully our strategy for resource allocation. If we don't do that, then I would predict that if this conference were held five years from now, there will only be half as many people here for two reasons: 1) many of you will be in other industries, and 2) there won't be enough money to send you here. And I say that to you not to be overdramatic or melodramatic, but simply to tell you that as a politician, fighting the battle in the trenches at home, it is becoming increasingly difficult to focus tax resources on social services.

The nursing home population in this country has grown dramatically and the Certificate of Need process or the health planning process (at least that's what they tell me it is) has not abated at all. Our elderly people who are going to constitute an ever increasing percentage of our total population are warehoused and domiciled in environments that are costing a tremendous amount of money. The reason I bring this to your attention is because I believe that in this conference and in terms of building a national policy or a national network that implements that policy, we must recognize that there is an inordinate amount of drain coming from the elderly population on the dollars that we have to spread around. And we must, we simply must, do something about that.

The Robert Wood Johnson Foundation that I mentioned earlier gave my county a million dollar grant for the health-impaired elderly over a five-year period which is targeted at deinstitutionalizing people as quickly as possible and keeping them deinstitutionalized--or phrased another way, giving them the most appropriate level of care to keep them as independent as possible for as long a period as possible. Now I tell you that there are only eight grants of that kind in the United States. The initiative did not come, sad to say, from the Administration on Aging which had been sitting on the channeling project for 3½ years. It came from a private foundation, and that's a mistake. Not a mistake in the sense that a private foundation is doing this--that's a wonderful thing. But it's a mistake that government for too long watched all these people become incarcerated and warehoused in nursing home facilities and did nothing about it. Now we are to blame for that, you and I. We knew where those people were going. We knew how much it was costing and we tended to throw up our hands collectively and say, "Well, what can we do about it?" Well we can do a lot about it. We have to. It's our money just as much as it is anybody else's. I would say that one of the things that will unscramble this is the income maintenance question. Five years ago, we were heavy into welfare reform. Maybe that was a poor choice of terminology; maybe my friends in the National League of Cities and also in the National Association of Counties blew it on the name (WelfareReform) that we attached to that program.

But we need income maintenance. Why do we need it? Because we must restore the accountability and the choice of purchasing services on the part of the client. The client, the person who is going to receive those services, has got to bear a certain amount of the burden for choosing and consuming those services. We must restore the belief that a national income maintenance program is indeed a cost effective program that will result in savings for all of us and a better life for all of us. We must do that in this next five year period if we're going to survive, because we certainly cannot provide the services through case management and public welfare systems that will lead us to the promised land. We know that now. We must find a way to bring "no strings" financial aid to the individual person. We need individual choice and selection of services. We need to inculcate a dignity and sense of well-being that can only come from the client being able to make an individual choice. And we must provide the money in the hands of those people, elderly people, who are still in their homes and owner-occupied or renter-occupied units so that they can maintain their housing units. Why should they maintain them? Because later on we will need to move other people into those houses.

One of the most startling realizations for me in my community of Akron, Ohio was that we have a 70% owner-occupied ratio which is indeed a very high percentage. But I discovered that elderly people did not have enough money to keep that housing stock up to code. Looking at this from the point of view of a county official, I find it is going to cost me three to four times as much to bring that housing stock back up to code as compared with providing monies now to maintain those homes. Now, we're losing something in terms of the quality of community life that I never even thought to consider until recently. That part of the social service structure, i.e. maintaining the houses, must be enhanced.

Now let me turn to nutrition and polypharmacy (multiple use of medication). I know that Upjohn, Squibb, and all those other benevolent organizations are funding things through their foundations, but we simply must bring a halt to

the abuse of drugs among our people. Those people who are on the lower socio-demographic levels, who are on public aid, are the ones who are most abusive of polypharmacy which is the multiple use of drugs, sometimes a very harmful use of drugs. I'm not talking about shooting heroin or snorting cocaine. I'm talking about taking aspirin and valium, mixing depressants and antihistimines, you name it. I'm talking about your over-the-shelf, over-the-counter drugs becoming a significant problem. It's draining an enormous amount of public aid dollars away from other programs and destroying our chance to uplift the psychological self identity of persons at risk.

The British have adopted a very good system. It is what they consider to be a can-do system. I consider it to be very good care which isn't formalized institutional care, but a system of respite bed care. I believe that that approach is a good model for us to build upon. It does increase the self-identity of the person at risk, and it strengthens the natural support system. Now, a word on the national support system. I seldom thought it was our duty as human service providers to engage in propaganda, but if you look at the derivative definition of propaganda, it is a very useful word. It means to educate and inform; it means to reinforce; it means to instill faith and enthusiasm. As we've used it in wartime, it has taken on a negative context. But this is peacetime, at least for a little while, and we must use that word in the positive context of social services. We must propagandize our services as well as the concept of the family. The ancillary financial support they can provide, the monitoring of actions and reporting that they can provide, the feedback that they can provide, are all very important to us and to the success of our social service network. And we need to train the children to accept age, infirmity, or handicap. It is futile to wait until high school years, or college years, or career years to start inculcating the belief that the social service structure is as vital a resource in public needs as fire protection or police protection or any of the other services that are considered basic by the citizens who are served by government.

In terms of our national policy, I would like to suggest some rather harsh terms. First, the block grant approach. I was a categorical grant man for many years, and believed that those who were clever, cunning grantsmen should be able to walk away with the majority of the money. But I don't think that is going to work in the 1980s, and I do believe that the greatest amount of innovation comes from feeding back to the local communities by the block grant approach as much seed money as is possible to help them in their particular environments. We should interrelate the Census data to case management, and I harp on this point because I believe that we only have a shot at the Census figures every 10 years and in three or four years, it will probably be out of date. But between 1980 and 1983 when these issues will be before the state legislators and the Congress, it is imperative that we use the full weight of the Census results to benefit our cause.

We need to stimulate some changes, radical changes, in medical care before we adopt national health insurance. I believe in national health insurance, but not now. I've had enough experience with health maintenance organizations and prepaid group practice to believe that the medical profession will move in and capture national health insurance before we even get it cracking. We need to stimulate at the local level alternative means of medical care delivery and a more holistic approach of health maintenance than we have had heretofore. We need to educate our brothers and sisters coming out of medical school to

acquaint them with the need to change the style of medical care in this country. And we need what is known on the Hill as tax loopholes. We live in a free enterprise system--a capitalist system. So far it's been pretty good to us, and I would suggest to you that we need tax exemptions for in-home care, tax incentives for investment in private home health care, rest-bed care, foster care, group care. We need an earned income credit for maintaining elderly at home, or children, or handicapped, or foster children. And we need a FICA credit (that's the social security withholding) for elderly service units provided to the elderly who are on social security or supplemental security income.

In terms of the state policies, we need to encourage innovative projects intrastate and reward them with incentive dollars. The way it's set now, the federal government rewards those states who waste federal dollars and does not reward a state that is using federal dollars to leverage as much local capital as possible. We need to use counties--and forgive me, those of you who are city folks in the room--we need to use counties as the logical, historical, geographical subdivision of social service delivery. In some states, county government has a long way to go. My state is one of them. But it makes no sense, no sense at all, to try to do it any other way. The county, in terms of its state government, in terms of the federal government, in terms of its local media, in terms of its educational structure, is a viable unit. It is one which historically has provided health and social services in most states of the union. It is the only logical choice, in my opinion. We need to give similar state tax credits as stated above for federal tax credits so that these tax credits and tax exemptions, tax loopholes, if you will, result in putting capital where it belongs, and we need to attract capital to these kinds of functions. And we need to fund continuing education in upgrading the professional civil service structure for the delivery of social service.

Having said that, I would also say we need to cut, and I'll repeat that, we need to cut the number of people employed in the social service structure. If we attract more and more numbers to this cause, without maintaining a qualitative differential, you can bet that the soft money which funds many, many salaries will soon disappear. We need to enhance communication between those we serve and ourselves. I call to your attention the development of the two-way cable TV industry. There was a time when we thought cable would be dormant and would not sustain competition with other commercial TV networks. That's no longer true. We fully expect that cable TV will be one of the major means of communicating with masses of people in the next five to ten years. We should be ready for that. Two-way communication with our clients would greatly improve the quality of service and certainly improve our workstyle. We need the telephone contacts that we have developed in certain pilot projects such as the senior buddy system for the elderly. We need to use more newsletters. We need to use more propaganda. We need to do some outreach canvassing. The I&R people, the Information and Referral people, seem to think that all the people who need service will look around for a telephone number and immediately call in and tell you all their problems. Well, I don't believe that. I believe that we have to put some shoe leather on the street, and we have to go into areas on a pilot project basis and canvass for the services needed, inventory those services and canvass for the targets. I know for a fact that in my community, the information referral system is one of our best agencies, but we are spending approximately $5.76 per call. That's too high a price to pay for information referral. I can get somebody from Kelly Girls for $3 an

hour to walk street by street. These are the cost effectiveness questions that we need to consider.

Secondly, I would like to point out some trends which I'd like you to think about as I close. Our low population growth overall, which means an increasingly high percentage of elderly persons, causes more subsidy, which in turn causes greater burden on younger people who form a small percentage of the total population, which in turn causes tax revolt. Now that's a very simple formula. When federal social security withholding exceeds income tax withholding, we are bound to have problems. And that's exactly where we are now. Aging attitudes of society equals more conservation, and more conservative attitudes equals less tolerance equals less creativity, in some cases, equals less innovation and equals stagnation and demise of some of our social service societies, some of our programs, some of our networks. A decline in the family size results in less interdependence which results in less cooperative group effort, which in turn results in more individuality, which in turn results in less ability to govern, which finally results in social service disintegration. A free enterprise economy is based on mathematical quantities. Numbers equals consumption equals production equals demand equals profit. Fewer numbers equals less consumption equals less production equals less demand--no profit, no tax, no financial support for social service and no public group support from members of society less able to care for themselves. From my perspective, and perhaps I've been a little bit too sarcastic and too bleak in my perspective, that's where we're at.

That is why I was so pleased to see this conference come along at the time that it does. It's a marvelous time. This is 1980 and the beginning of a new decade. It's an opportunity for all of us to build on our experiences from the last decade when I'm sure you will agree that social service came into its own. We, for once in our life, were able to put our system together in such a way that we have the semblance of a network. Now we need to whip that network into shape. You know, I heard of a man once who was 65 years old and retired who went down to the Ohio Bureau of Employment Services and said he needed a job. Discovering he was 65, the employment counselor couldn't help him, but he did soften a little and finally said, "I have a friend at the Akron/Canton/Youngstown Railroad, and I'll write his name down for you. You go and see him." So he went down to the railroad office and went in and said, "I'm 65 years old; I gotta have a job; and I can do anything!" The guy was very busy, and looked up at him and said, "Well, you see that can of oil over there on the windowsill?" The old man said, "yes." He said, "Well, you take that can out there and oil the tracks." So the guy took the can of oil and left and didn't come back. A week went by. Two weeks went by. A month went by. Three months went by. One day the telephone rang. The guy answered it: "Akron/Canton/Youngstown Railroad." And the voice said, "Do you remember me? I came into your office a couple of months ago, and you gave me a job oiling the tracks. Now I'm in Los Angeles." The railroad man said, "Oh, I remember you. What a crackpot! You came in, said you were 65, had to have a job and could do anything. Now you're on the West Coast. What do you have to say for yourself?" And the voice came back loud and strong, "Send more oil!"

Now that's what we need to do. We need to have that prophetic zeal, that feeling of girding up our loins for a fight that we simply must win. We know

that the quality of our society rests squarely on its humanitarian zeal. We owe it to them to oil the tracks that make the system run on time and to the proper destination.

Thank you very much.

THE LOCAL GOVERNMENT ROLE IN HUMAN SERVICES: UNDERSTANDING AND MANAGEMENT

CONCEPT PAPER

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CONCEPT PAPER

Overview

The paper identifies the management roles of local general purpose governments[1] in human services. For over the first century of U.S. history the focus of human services provision was at the local level. Most programs were organized, funded and operated either by cities or counties or under private auspices close to their jurisdictions. Local programming has in many ways changed, with the growth of special purpose governments and quasi-governments, as well as the increasing dominance of the state and federal governments. Nevertheless, local governments can have a meaningful role in human services. The local level remains where the political process begins, and thus the focal point of many human problems. Moreover, new types of opportunities for developing human resources are opening up for cities and counties.

The approach to understanding these roles will be based on a broad definition of management. As in other arenas of public management, the job of managing human services at the local level involves both political and technical dimensions. Also, local government administration is defined as encompassing two primary tasks: 1) management/oversight of the individual programs operated by the jurisdiction and 2) management of the essential problems or issues that cut across programs and jurisdictions. This approach forms the basis of this paper. In addition, an appendix includes some suggestions on the relationships between these issues and research/networking concerns.

Basic Understandings

Before developing the major local roles in human services in detail, some basics related to the understanding of these issues need to be identified.

First, by human services management, we are referring to the policy, organization, financing and operation of six broad types or systems of public services: education, income transfer, health, housing, employment and training, and personal social services.[2] Some of these domains are perhaps more obvious than others, but when one considers the entire process of how government might serve individuals, from growth and development through "treatment" and support of those who need some type of assistance or maintenance, they make eminent sense. Moreover, such a broad interpretation immediately elevates the role of local governments, inasmuch as they have clear and significant roles in such areas as education, housing, and employment and training.

Second, the public undertaking of human services is neither exclusively a set of political choices or technical exercises in providing services. On the contrary, both of these qualities, when intertwined, comprise the "public management task," which requires the ability to maximize competing values. Kaufman has suggested, for example, that the history of American public administration is one of competition among the values of executive leadership, neutral competence, and representativeness.[3] In the same vein, James Q. Wilson argues

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The author would like to thank Alex Pattakos for his comments.

that "The Bureaucracy Problem" lies in the nation's inability to maximize accountability, equity, efficiency, responsibleness, and fiscal integrity of its public bureaucracies all at once.[4] In many respects, it is the standard rejection of the once-held politics-administration dichotomy; a concept still widely held among human services providers. As applied to human services, it suggests that managers must be constantly sensitive to political leadership and citizen demands at the same time that they must develop more efficient and effective means of running their programs. Present evidence and future signals suggest that human service administrators will increasingly face both political and technical demands. Neither can be written off.

Third, the political nature of human services administration means that politicians at all levels are important administrative actors. Administering a public human services program, like all other public programs, involves more than the details of financing, staffing, delivering services, and so on. It also involves taking a basic enabling statute, rule or decision and moving the program toward some goal directed course of action. In other words, programs have a policy component as they move through the stages of implementation. Public programs operate within a political context; choices from among alternatives are made and public managers attempt to implement these choices. Therefore, the important actors include the political leadership--legislative, judicial, and executive--as well as the administrative. Mayors, council members, governors, state legislators, judges, Members of Congress and the President all participate with managers in human services administration. This obvious fact of life, or distinctive characteristic of public management, is sometimes lost in the technical exercises involved in our programs or the details of getting services to people.

Fourth, while programs have been built in an independent fashion and jurisdictions have proliferated, it has become self-evident that solving of certain problems requires interdependence. There are many units of government involved in human services: national, state, cities and counties, and numerous special districts. In addition, recently many single purpose quasi-government agencies, such as Health Systems Agencies, Law Enforcement Assistance Agencies, Area Agencies on Aging, CETA prime sponsors, and so on have emerged. Regional planning commissions also are developing human services responsibilities. In addition to the public sector, there is a private sector, voluntary and proprietary, which is increasingly tied to the government through the funding process. The hundreds of categorical programs[5] themselves promote independence through compliance requirements, eligibility and service restrictions, organizational and structural requirements, funding rules and points of responsibility.[6] Yet, the problems and issues that government officials must deal with suggest that a number of programs and sectors must be engaged. Dealing with the elderly, for example, often suggests some combination of income maintenance, health, personal social services and perhaps housing. Youth problems suggest that efforts be made on the educational, employment-training, personal social services (and often law enforcement) fronts. By the same token, when local government officials set out to make a concerted effort to deal with its most pressing human problems--long-term unemployment, truancy, juvenile crime, drug abuse, dilapidated housing, impacted areas of ex-mental patients--they immediately face the need for cooperation. In other words, while the federal and state governments may have divided the pie categorically it is typically at the local government level where the problems and the programs meet.

Fifth, the growth in human services has begun to level off. Over the past two decades, programs have grown in numbers and resources. Human services amount to half of governmental output; nearly one-fifth of the Gross National Product. The rate of growth has eased, however, and, in some cases decline is occurring. At this writing, for example, the Congress is seriously considering deep cuts in domestic social programs for the first time in nearly two decades. State and local governments will have to deal with federal cuts as they pass through their jurisdictions. Local governments are facing their own set of funding problems, as declining economic conditions, a narrow tax base and large public employee commitments combine to create a fiscal crunch. Indeed, local governments appear to be the first to be hard hit, as they have begun to lay off personnel, indicating that the steady growth of local government in past decades has come to a halt. In summary, it appears that public resource scarcity is upon us. The task facing local government, therefore, is to more wisely use the resources it has. The future, then will undoubtedly call for more targeting of issues and problems that local governments deal with, wise allocation of resources and greater efforts to monitor the use of resources.

A sixth and final basic consideration relates to the objectives of human services programs. Human services administrators need to lower their sights from the quest to solve general social and economic problems to more reachable efforts. Writing in The Public Administration Review, management guru Peter Drucker states that the first of seven "deadly sins in public administration" is to set such lofty objectives as "health care" or "aid to the disadvantaged." Such sentiments, he suggests, explain why a specific program or agency is being initiated rather than what it is meant to accomplish. "To have a chance at performance, a program needs clear targets, the attainment of which can be measured, appraised, or at least judged," says Drucker.[7] Administrators must really deal at the level of getting units of health services to people, delivering types of training modules, or hours of day activity. Program administrators are beginning to more clearly understand this issue, particularly in a resource scarcity era. But the reasons go beyond fewer resources. The political and technical demands on the administrator suggest a results-oriented approach, and the only way a program can be successful is in terms of what it actually does, not what it is for. Also, the lofty aims are not only complex, but many forces that contributed to the problems are well beyond the control of the services themselves. Moreover, the belief has also emerged that any human service will not always be beneficial; in fact, some work and some do not. Thus, attempts to use human services to solve problems must involve more middle range problems; those that local governments can have an impact on. Efforts must be focused and measured. Perhaps this presents a more dismal outlook for the near future, but few could argue that it is not more realistic.

The Shifting Responsibility of Local Government

Two alternative interpretations could be made regarding the responsibilities of local governments in human services. One would argue that local general purpose governments have lost all meaningful roles: most programs are really state operated or funded and whenever the locals get a share, there is little left but compliance. The other would suggest a more developmental and flexible picture with opportunities for local governments to have a role if they understand where options and flexibility exist and care to seize them. The options become clear with changes in programs and responsibilities.

Traditional Role Changes. In terms of historical policy direction and funding responsibility there is no doubt that local governments have gone from the predominant actors to a more residual authority. Social welfare development begins with the Elizabethan Poor Law heritage of the principal of local responsibility; public aid was the domain of small units of government.[8] Throughout the nineteenth century there were attempts to involve the federal government but they were largely thwarted, with arguments of basic state responsibility. The states, with a few exceptions, reinforced local responsibility through their constitutional power to shape local government. During the early part of the twentieth century, the Progressive era gave impetus to reform in public health and welfare, resulting in an initial shift of responsibility from the small units to large city or county units. In addition, statewide standards began to be applied. The poor economic conditions of the twenties and the thirties brought on a need for assistance among "non-poor" people for the first time. Both the states and the federal government were targets of various interest groups. Many programs that had been tried on a local basis, or that had been experiments in isolated states, became the fabric of state human services programming. But only some states were responsive. Other states chose to ignore the widespread economic problems. Thus, a national social program effort began with attempts to deal with widespread economic distress under the New Deal. The Social Security Act and several other pieces of legislation brought on the beginning of a federal-state partnership, in effect nationalizing many programs that had been state to state.[9] The past five decades have largely reinforced the pattern of increasing nationalization. Several studies have documented the increased role of the federal government in setting the human service policy agenda for other governments.[10]

Throughout this history of centralization a parallel trend was developing, from general cash relief and institutional care to an accumulation of special purpose legislation,[11] targeting populations and services categorically in laws and regulations. Categorical grants are known for their specificity in problem focus and intended results. They almost always carry with them restrictions on the substantive or program use of money, agencies and jurisdictions that are eligible to receive them as well as matching, planning, accounting, reporting and personnel requirements.

As a result of the ongoing march of state and national development of categorical programs, the landscape of local general purpose government operation is varied. Counties are quite significant in the sixteen "county administered" welfare states. Not only do they have strong welfare responsibilities, including medical assistance and food stamps, but the county orientation usually carries with it considerable other human services responsibilities in public health and personal social services. Many of these states have recently strengthened county roles by passing legislation enabling them to consolidate programs and do broad ranged planning and management. In states where state governments have taken over most programs the role is more uneven, from substantial to a few residential programs. A survey of county roles in the County Year Book identified four out of five counties with some welfare responsibilities, 75 percent administering public health and medical assistance, 60 percent administering mental health programs and 276 counties were individual or consortium CETA prime sponsors.

Cities defy easy characterization even more. In some states, cities actually perform county functions and therefore parallel county roles, but in

most cases cities have a mixed role. Also, the larger the city the more likely it is to perform multiple human services functions. A recent U.S. Conference of Mayors survey revealed cities over 50,000 in population are most likely to have some involvement in thirteen general service areas: aging, consumer protection, counseling, day care, drug and alcohol abuse, health, income maintenance, information and referral/outreach, income services, manpower, nutrition, recreation and youth.[12]

Categorical programs in human services have led to federal and state funding of a patchwork of providers in the governmental and non-governmental sectors. One can find, within the geographical box of a local government, human service programs operating under one or more of the following auspices:

- the other unit of local general purpose government (a city or a county);
- one or more special purpose local governments (school districts, others);
- direct federal program operation (Social Security Administration, V.A., etc);
- direct state program operations (sub-state units of state departments, such as public assistance, mental health, rehabilitation, etc.);
- regional quasi-government agencies (AAA, HSA, LEAA, regional COG's special purpose planning agencies);
- voluntary service delivery agencies;
- proprietary service agencies; and
- solo practitioners or group practices.

Local general purpose governments are often bypassed in categorical programming, through direct national contact with the states, special purpose local governments or private agencies. This, of course, has compounded the human services task for the city or county, for while the key human problems may be thrust on the local political agenda, the services available to mount a response are as likely to be outside of the jurisdiction's control as they are within.

Therefore, the reality begins beyond program operation. Since the funding lines and many of the programs are the province of state and national governments, there is no way that they can be ignored from the formula. In addition, there are the other programs and jurisdictions. Thus, the "hidden dimension of government," intergovernmental relations, becomes an important component of operation.[13]

Recent Developments. New opportunities for cities and counties in human services leadership have begun to emerge as a result of funding and political changes. Certain developments have moved local government more to center stage in human services.

First, local governments began to "recut" their teeth in human services in the sixties because of the existence of community action programs in their

presence. For some cities, the operation of Model Cities reinforced the process. Although Community Action Agencies (CAA) were generally outside of the formal governmental structure, they became the first local agencies to systematically deal with poverty, employability and other problems of the disadvantaged. Over a period of time their efforts to broker and coordinate have been brought closer to local general purpose government, to a point where CAA's now are likely to be integral partners in efforts to deal with human problems. The human development aspects of Model Cities also thrust many cities into human services, as local officials had to forge new relationships with state and federal program officials in health and welfare, as well as with local providers in the public and private sectors. Model Cities also helped draw attention to the interrelationship between social and physical problems in the cities.

Second, the local general purpose government, being the government with the most identifiable and accessible political leadership in the community, is the focal point of action on many issues and problems. When pressing human concerns hit a neighborhood or section, such as the impact of ex-mental patients, the condition of a neighborhood, the responsiveness of school officials to violent acts committed on students, or the need for day care so mothers can work, those who want action typically turn to the city and county leadership for a solution. Although problems like these became local government problems through the local political leadership, most solutions involve calling into play human services programs and actors outside of the local jurisdiction. However, since the problem came to the leadership at the local level it can take the lead in forging a solution.

Third, recent federal block grant and other flexible funding programs have afforded local governments an opportunity to more comprehensively approach human services: Title XX of the Social Security Act, Housing and Community Development Act grants, Title I of the Elementary and Secondary Education Act, the Comprehensive Employment and Training Act, the Older American Act, HUD 701 planning, Law Enforcement Assistance Act, ACTION programs, and Community Services Administration programs. While focused on general areas, each of these programs have given local governments increased options to meet problems they did not have under categorical programming.

Fourth, general revenue sharing for local governments has added new funding opportunities for the local governments to meet needs that are not met by other programs. Many local governments have, indeed, used this "no-strings" funding to expand services, and have often taken advantage of the lack of restrictions by funding local agencies and programs outside of government.

Fifth, local governments are now involved with human services issues in an indirect, or non-service fashion. As an alternative or in addition to providing services, a local unit can use its "governance" powers to assist a population in need or otherwise help people. A group of researchers at SRI International have identified six broad categories of governance, non-service approaches that a local government can take: regulation and deregulation (e.g., zoning revisions, rent control); tax policy changes (e.g., circuit breaker, homestead exemption); administrative reform (e.g., changing service locations, alternative transportation use, multiple use of public buildings); collaboration with the non-public sector (e.g., manpower loans, small business assistance to neighborhood residents); self-help (e.g., neighborhood crime-watch, facilitating shared living arrangements); and, advocacy (e.g., protection

against home repair fraud, rent abuses and unethical real-estate practices).[14] The ability to make changes or take efforts in behalf of human problems by local governments has not only made them a focal point of pressure, but it has helped to restore a meaningful role for local government in dealing with social problems.

Sixth, the previous developments--general revenue sharing, block grants and flexible funding, the use of local governance, and the emergence of local government as the focus of nettlesome human problems--have led to the redevelopment of a constituency for human services at the local level. Categorical funding shifted the focus to the state capitals and Washington, D.C. Reopening of local funding decisions and facing local problems that cannot be solved in distant capitals have redirected advocates to city halls and the courthouses.

Seventh, the same developments have prompted the local government to develop new relationships with other local governmental entities and with non-public provider agencies. Categorical funding necessarily forced relationships between local government and state officials, federal regional officials, and program officers in Washington. But, as avenues of funding non-public agencies from local government opened up, and as constituents and human service providers turned to local governments to deal with complex, interdependent problems, new attention was afforded those who have traditionally offered services outside of city hall and the courthouse.

These developments have carried local governments beyond a service delivery role. They now have the opportunity to forge new roles in developing a partnership with other actors on the local scene.

Governmental and Intergovernmental Tasks

Within this context we turn to the first of the dual tasks of local government: management/oversight of the individual programs that are operated by a jurisdiction. While the number under their direct control may vary, each jurisdiction must first pay attention to its programs.

Contemporary local government activities have been identified and explored by several state municipal leagues. Perhaps the most complete list of local government options was developed by the League of California Cities in their planning handbook:[15]

- Direct service provision, or accepting direct operational role for a program; placing it in a new agency, operating it jointly with adjacent communities, or filling it into an existing department.

- Contracting for services, on its own or jointly with other units of government; a government funds non-governmental agencies.

- Program initiation and planning; a unit of government can work directly with other providers to help develop programs which fill identified gaps in services.

- Program demonstration; a unit can agree to sponsor or operate a new program, on a demonstration basis, with the understanding that, if successful, it will be transferred to another agency.

- Monitoring and evaluation; a unit can assess the adequacy of other providers of services to residents.

- Information and referral; a unit can use its staff to direct residents to other agencies providing services.

- Interagency liaison; a unit can use interagency forums and contracts to encourage other providers to change patterns of human services delivery in such a way as to support the unit's goals.

- Nonservice delivery; a unit can affect the provision of human services without the development of programs by using such powers as regulation and taxation.

Based on these varied roles that a government may play in its programs, we can identify at least five key elements to the task of management/oversight of a jurisdiction's programs:

1. Receiving guidance from outside of the program. This is the important policy and management context function, where leaders give administrators needed messages on the course of action to be taken and the context (or parameters) within which programs should operate. Policy refers to leadership functions, through formal and informal legislative, chief executive and judicial policy expectations or mandates. Also relevant may be messages received from clients or client groups, neighborhood associations, agency heads or professional providers. Management refers to relevant funding rules, eligibility and service restrictions, advisory group requirements and other categorical or general requirements.

2. Making the program policy responsive. The operations of the program or program organization within the local government have shape or focus, i.e., within the confines of the policy thrust placed on the program and, of course, within any operational prescriptions required by state or federal program. In other words, the program has a mission overlaid on the delivering of services; to deliver them with the idea of supporting a policy goal.

3. Running the organization. Within the confines of the policy and the management input, the normal operations of the program must be conducted. In many ways these are the classical management functions, such as planning, organizing, financing, managing people and delivering a set of services. This is a considerable undertaking and the technology is in its early developmental stages. Developments in applied techniques of human services management are the key to smooth internal management. It is clear there is also increasing external and internal pressure to efficiently and effectively operate programs. In short, this function refers to normal operations, and the normal organizational maintenance functions that must be performed.

4. Managing the required interdependencies. Yet another overlay from the standpoint of the program manager is the myriad of lateral relations that must be engaged in to accomplish a mission. While there are many, at least four are paramount at this level: with other program units within the same government; with programs funded by the government; with programs and agencies operated under other including non-public auspices; and with all other agencies, in human services or others, in all levels of government that have a bearing on the program. In other words, the program level is an important initiator of coordination in its various policy and operational activities.

5. Chief executive level oversight. Since programs normally operate within a local government hierarchy, more traditional line authority reporting relationships are also relevant. This function is where the primary emphasis would be placed on monitoring and assessment of programs funded by the jurisdiction but operated by other agencies. This element is clearly an oversight function, with little need for gathering detailed information on program operations. Among the general types of inquiries that might be needed include: 1) an assurance that the program is being operated at a reasonably efficient level and within relevant standards, funding and program guidelines; 2) the general direction of the program must be understood so it can be related to other programs and functions; 3) the degree to which the program is or is not contributing to the policy thrust of the government; and, 4) the potential for a role of the program in any possible cross-cutting problem solutions that the chief executive level or other officials may deem important. These five tasks represent what one might call public program management within a jurisdiction. They encompass the government operated and government-funded programs. The complexities go well beyond merely "running a program," and make the local government best suited for the task of dealing with certain interdependencies.

The other task of local governments is to deal with the interdependencies. The general purpose government is in the best position to take leadership, manage or participate in solving the human problems or issues that cut across programs and jurisdictions. These are problems that local governments must deal with, for even though the target population may not be their designated program responsibility, as the unit of government which typically is closest to the problem they become their political responsibility. Moreover, the citizens who have these problems, or who are affected by these problems, reside in the jurisdiction but the possible solutions do not fit neat organizational or governmental unit lines.

A partial list of cross-cutting problems faced by local governments would include:

- youth-truant-offenders with emotional problems
- educating the handicapped
- maintaining the elderly and handicapped in home settings
- long-term employability of low skilled persons

- dangerous and unhealthy housing/deteriorated neighborhoods
- energy and utilities problems
- neighborhood development/improvement
- maintaining impacted populations with multiple problems, such as ex-offenders, the elderly or the mentally handicapped
- refugee or migrant settlement

These issues are usually of a high priority, most often thrust on human services administrators by top political and administrative leadership. Indeed, they may well be the most important policy concerns of human services administration. They are usually presented to program administration from "above" because they: 1) represent a political theme or interest of the chief executive; 2) are politically sensitive or potentially volatile situations; 3) are high cost and/or nearly uncontrollable cost problems; 4) are real or potential administrative embarrassments to the government; 5) represent pressure by some outside force, such as the federal government, legislative actors or the courts; or 6) some combination.

Solving these issues require cooperative efforts of a number of independent agencies and categorical programs within the local government jurisdiction, with other jurisdictions, and with non-governmental entities. They require the mustering of the relevant political and managerial actors; and the solutions require both political and technical wherewithall. Not only do they require coordinated planning and management, but they suggest the need to develop comprehensive courses of action, at both decision and implementation levels. It is the new challenge to governmental human service agencies.

Strategies for Change: Leadership Roles

Several related strategies have been proposed to get independent programs to work together toward solutions. First, suggestions have been made to build the capacity of elected chief executives, including: increasing the capacity of local officials to plan and manage through direct funding; channeling categorical funding through elected executives; creating new general funding sources subject to chief executive control; expanding the opportunities of the chief executive to formulate policy at earlier stages, creating federal and state incentives for local officials to work together; and disseminating information about techniques of improved planning and management.[16] A second broad strategy has been labelled services integration. Actually, services integration is a broad term for a series of activities centered around developing comprehensive services delivery, systems of agency linkages, developing comprehensive policy approaches, and consolidating government functions and agencies.[17] A third proposed strategy is a sort of bottoms up approach, stressing the need to plan and manage comprehensively around clusters of client problems or by target population area.[18] Under this approach, the leadership for target population planning and funding would have to shift to local governments. A fourth strategy that has been proposed would be to provide broad funding lines for general human development planning, similar to HUD 701 monies. This would provide local jurisdictions, so that argument goes, with the opportunity to engage in the same type of comprehensive planning that is now possible in the

physical development area. And a fifth strategy would be to further loosen up the funding restrictions, with one or more block grants sufficiently flexible enough for cities and counties to face its most pressing problems. This would allow jurisdictions to set their own priorities, as long as the funds were devoted to solving human problems, preventing fund competition with physical or capital expenditures, which has proven to be a problem with revenue sharing in many jurisdictions.

These proposals, while interesting and potentially useful, represent substantial changes in the federal-state-local system as it has developed. It is unlikely that fundamental change will occur in the near future, and thus, approaches to solutions that allow local governments to work with the system as it is, forging policy courses and managing programs, will be necessary. This approach will entail a need for leadership, supportive attitudes and the development of processes that begin to shape the system according to jurisdictional needs.

Leadership roles reflect both political and managerial themes. A most complete agenda has been developed by Sidney Gardner, when he set out to identify how general purpose government executives (GPEs) have played a role in the various aspects of services integration:[19]

GPEs have assumed leadership roles in legislative negotiations concerning major political issues arising from reorganization or decentralization.

GPEs have used their control of administrative powers in support of human services capacity-building.

GPEs can forge links to other levels of general purpose governments and to other general executives.

GPEs can reinforce efforts to expand citizen involvement in human services planning and evaluation activities.

GPEs can provide central leadership for efforts to seek and sustain outside funding for capacity building efforts.

GPEs can establish and maintain effective working relationships with the private and "third" (private non-profit) sectors.

GPEs can ensure that fragmented but parallel reform efforts are linked together in an overall strategy for reform with limited and specific goals.

GPEs can press for and insure documentation of the need for a federal response to state and local efforts at reform.

In other words, Gardner suggests that GPEs can ensure that these efforts are maintained by pursuing both policy relevant and client impact objectives.[20]

Leadership must also approach the task of developing policy courses and managing them with a set of supportive attitudes. They must be predisposed to

make the commitments to understand and deal with the nettlesome human problems of their community:

Local general purpose government must not only understand the system's opportunities and constraints, but it must be willing to "get a handle on the situation," that is, an attempt must be made to understand who is doing what, how it is being performed, where resources and services are available, what gaps exist, what resources are available to meet gaps, and similar questions.

Local general purpose governments must be willing to face the political realities, both proximate (conditions and problems in the city or county) and contextual (national scope), and blend them into the operation of human services programs. In other words, political questions should not be avoided in human services but they should be used as an opportunity to shape the direction of programs, and where that is not possible to shape or at least smooth out the edges.

Local general purpose governments must understand that as the governments closest to the people, often they will have to use their most discretionary resources to serve those disadvantaged constituencies that cannot muster sufficient outside resources, while they relegate themselves to a brokering role for populations with powerful constituencies with other funding lines.

Local general purpose governments must not only calculate the impact of services, but also the impact of various non-service approaches, such as regulation and deregulation, changes in tax policy, administrative reform, cooperation with private enterprise, encouraging self-help and advocacy.

Local general purpose governments must be willing to consciously engage in development and maintenance of identifiable courses of action (or alternatively non-action) within the jurisdiction in order to be responsive politically and managerially.

If the leadership of local governments feel the need to deal with these issues, they are predisposed to engage in policy management.

Towards Policy Management

Policy management is an approach to understanding how human services operate within a geographic area, and based on that understanding, gives officials an opportunity to develop and foster the course of action they desire. It is a means of improved management of complex intergovernmental and categorical systems. In many ways it is a process, or a way of approaching complex phenomena, and therefore is not presented as an easy solution, but as a means of reducing complexity and facing the realities of some very difficult tasks.

Policy Management Defined.[21] A 1975 OMB Study Committee on Policy Management Assistance (SCOPMA) report defined policy management as "the identification of needs, analysis of options, selection of programs and allocation of resources on a jurisdiction-wide basis." They distinguished

policy management from program management, which refers to the implementation of policy or daily operation of agencies along functional lines, and resource management, which refers to the establishment of basic administrative support systems such as budgeting, financing, financial management, procurement and supply, and personnel administration.[22] The interest in policy management stems from the need for state and local officials to manage their jurisdictions as a whole, by making conceptual and operational sense out of the maze of functional, vertically structured programs, and to assure that the programs are meeting community needs effectively and efficiently.

Phillip Burgess, among others, has identified the basic characteristic of policy management as that of capacity-building. It demands focused efforts on:

-- expanding opportunities for state and local governments to participate more fully in the design, development and evaluation of federal policies and programs, and thereby building a capacity for more effective intergovernmental partnerships;

-- strengthening the capacity of state and local governments to manage and operate federal programs by streamlining the federal agency burden placed on their governments, thereby building a capacity for federal program management; and

-- strengthening the capacity of state and local governments to a) exercise newly acquired choice-making responsibilities, b) design integrated policies and programs with citizen involvement in the needs assessment and evaluation process and c) manage policies, programs, and operations on the basis of jurisdictional (or "place") rather than functional (or "program") criteria, thereby building a capacity for resource and policy management.[23]

In many ways, the focus on policy management is similar to what has become accepted as the traditional program planning process, sequencing the steps of needs assessment, resource assessment, analysis of resources against needs, setting of priorities and objectives, allocation of resources, prioritization of unmet needs and evaluation of program success.[24] But the primary difference is that in policy management the focus in on jurisdictions rather than functions with corresponding emphasis on the role of the elected official and general government manager in the policy-making process rather than on the program executive.

A policy management approach, then, clearly can be an integral part of human services management by local general purpose government. The complex maze of auspices under which human services are offered, as well as the large number of categorical programs, generates the need. Moreover, block grants and other more flexible funding programs coupled with general revenue sharing and non-service approaches point to the need to take a closer look at policy direction. A more coherent, and perhaps more rational policy system is not as desirable as changing the policies themselves, but at least the task of smoothing out the relationships between programs and jurisdictions will be facilitated.

Operationalizing Policy Management. At this point it should be clear that policy management is an approach that can support both major tasks of local government in human services. Management and oversight of the individual programs is not an isolated task, but rather forms the initial input and perspective for dealing with the other tasks, problems or issues that cut across programs and jurisdictions. While it is the interdependencies of programs that are of the greatest importance in policy management, contributions of individual programs are essential.

Several local governments have undertaken attempts at policy management or similar type processes in order to face the complex of issues. Some brief examples are:

- The City of New Orleans engaged a broad-based group, including the City, the Urban League, Catholic Charities, state and federal officials to deal with the political, economic and social problems of settling Indochinese refugees, particularly over problems of health care, housing and employment.

- In Baltimore, seven federal agencies, six state departments, fourteen local agencies, plus private providers and citizen organizations have combined to form a partnership, the "Baltimore Blueprint," to identify reforms and deal with organizing and implementing a course of action to deal with specific target problems. Policy teams have been formed in the following areas: education, employment and training, mental health, housing and community development, income maintenance, juvenile justice and social services.

- The City of New Haven has developed means for providing comprehensive services to five target populations: recipients of General Assistance (GA), children in AFDC families, youth, the handicapped and the elderly.

- Indianapolis (Marion County) has formed a public-private sector coalition which is involved in funding coordination, information sharing and joint planning and policy development. The Mayor, President of the City Council, a representative of the Governor's Office, as well as members of the United Way, school board and other community institutions form a steering committee to set basic policy.

- Richmond, Virginia, a city that also has county level responsibilities for human services programs, has formed a partnership between the city and the community action program to promote self-help efforts among low-income people and to involve the poor in the planning, development and operation of human services.

- The City of Columbus, Ohio, Franklin County local providers, business, labor, and two private foundations have formed a quasi-governmental Metropolitan Human Services Commission to plan and manage human services programs. In addition to joint planning and fund allocation, the Commission has focused on such cross-cutting issues as deinstitutionalization, adolescent pregnancy, children's problems, and transportation.

- The City of Austin, Texas, Travis County, the United Way, and state officials have formed a local social planning group. In addition to developing a social policy statement, the group has formulated joint courses of action in child care, transportation and information systems.

- King County, the City of Seattle, the State of Washington, Federal officials and the United Way have formed a working body to engage in joint human services planning, development of a common data base, service delivery coordination, monitoring and evaluation. Emphasis has been placed, among other areas, on youth, transportation and joint planning.

A composite overview of how jurisdictions have undertaken the process of approaching problems like these should suggest how a local government might undertake a policy management approach.[25] The sequence involves:

1. The various parties involved are convened into a decision-making framework. What distinguishes these groups from the normal "task forces," "study groups" or "blue ribbon committees" is that they are permanent decision-making bodies. Members of the group understand the political implications of the problem area, possess knowledge about the human services programs, and most important, have the authority to speak for their organization or jurisdiction.

2. The body identifies the parameter of the problem. Planning staff members from the "primary" or "sponsoring jurisdiction" (in this case a city or county), and perhaps subgroups of key persons not at the decision level, will research the necessary program details, rules, regulations, guidelines, look for possible areas of flexibility, examine needs and investigate possible resources. The results of this search will form the body of the report, and perhaps possible solutions, to the decision making body.

3. The decision-body reviews the reports submitted, discusses possible solutions and ultimately develops or adopts a course(s) of action. Since those adopting a course of action have the authority to speak for their program or jurisdiction, securing the necessary support is less problematic. Nevertheless, it may be necessary to secure ratification of the course of action from higher parties such as a mayor, county executive, a school board or an appropriate Federal program office in Washington.

4. The course of action must be translated from policy pronouncement into practice. Several steps may be necessary here, including discussion and negotiations with program people, securing written commitments of personnel and other program resources, developing sequences of activities, and so on. Foremost at this stage is the development of action plans, where sponsoring jurisdiction staff lay out each step that must be followed, including the parties involved and resources required.

5. The same staff attempts to monitor the course of action, providing an information base to be fed back to the decision body for assessment and modification of the course of action.

While perhaps not every jurisdiction has precisely following this scenario, a policy management process requires some form of inter-jurisdictional inter-program decision-making framework, selection of a course of action implementing that policy direction and a feedback function.

Interagency decision processes have been studied for some time and extensive literature exists.[26] The process of maintaining and monitoring a course of action is less well understood, since jurisdictions are just beginning to develop a set of management styles and techniques suited to support these activities. The following is a list of such techniques, which have now been put in place by several jurisdictions:

- development of a cross program planning capability
- conducting needs assessment by problem areas rather than by program
- policy setting on a cross-program basis instead of on an agency basis
- allocating resources on the basis of problem-oriented needs and priorities
- establishment and measurement of policy goals
- program review--tracking, A-95 review, routing, notifying and coordinating--of functional programs
- program development, relating government policy to independent programs
- proposal evaluation of independent projects for consistency with jurisdiction-wide policy
- maintenance of a policy issuance system for promulgation of cross-program policies
- review of position statements for policy consistency
- waiver of state and federal rules and regulations that hinder policy management
- central development of a system for cataloging policies, plans, project applications, federal statutes and regulations
- central provision of technical assistance in the development of broad program areas
- central identification of funding sources for programs
- central development of state and federal programs for new services
- central review of new program plans in order to identify and prevent duplication in service delivery and administrative structures

- central training of planning and evaluation staff
- central review of program evaluation plans and reports
- development of chief executive controlled planning units independent of program agencies
- citizen input and participation in planning, policy development and evaluation at a supra-level such as human services boards
- inter-department program budgeting
- cross-program client record systems and management information systems.[27]

While no jurisdiction has obviously undertaken all of these simultaneously they offer a range of functions and techniques that form the core of policy management support. Many of these techniques are, of course, not new or unique to human services. They can also be used in other policy areas. What distinguishes them is that they represent technical or managerial approaches that governments can use to foster politically determined courses of action. This is policy management.

Future implications. The existing complexity local governments face, then, is that in addition to concern for their human services programs, they will continue to be presented with problems that no single program or jurisdiction can solve on its own. Moreover, expectations of human services administrators will be neither exclusively political or technical exercises, they will be both.

Therefore, any research and information networking concerns in human services must focus on both program management and policy management, as political and technical demands converge to demand problem solutions. The immediate future of human services administration, then, will likely deemphasize integrated planning and grand systems design. Nor will it likely include the reduction of jurisdictions or categorical programs. The future will be devoted to living with the situation as it is, focusing on target populations and target problems. The key management problems of the 1980's will place middle level issues and strategic planning on center stage.

APPENDIX

Research Issues

Numerous concerns of research are essential to improved understanding and management of human services administration. Human services operatives have spent the past two decades developing an identity as a specialization; now the need is to move beyond this stage to developing a more systematic understanding of operations and effectiveness. This would include both basic and applied research. A few of the more central research issues would include:

1. The administration of human development and maintenance functions of government deserves central attention and support. The dual concerns of management, operating programs and dealing with the interdependencies are equally essential points of focus. There are clear and present signals that political and general government administrative leadership has high expectations of accountability, productivity, efficiency, effectiveness and so on. It has focused attention on management, evaluation and planning of human services as a primary function of government.

2. An essential element in raising the level of importance of administration is identification of and support for management practice competencies. In a rapidly expanding and eclectic field it is essential that a great deal of experimentation be undertaken, and that the experiences based on such experiments be documented. The emerging literature in program management is largely adaptations made by influentials from other fields of management like business administration. The inter-organizational concerns similarly come from other fields. There needs to be more support for this kind of activity. The future of research and development must emphasize approaches that work.

3. Basic research should be fostered on alternative service approaches. That is, it is not always clear that present service approaches are always the "one best way" to meet a given need. Although this paper is concerned with management, its basic concern is organizing and operating services. Effective approaches to dealing with clients obviously meets human needs and eases the manager's task. At one time there was a belief that any services would help the client, but the state of the art is far beyond that point. There is a need to investigate what works and what does not, as well as the cost-effectiveness of various approaches.

4. A related issue deals with the interdependencies between service strategies. Many issues that are at the core of human services are yet unsettled: the extent of the multiproblem client, the impact of family versus individual strategies, income versus services strategies, and types of intervention or levels of care required for clients. These issues go beyond the single service approach, and they are yet to be worked out. It seems that in an era of accountability increased research must meet this challenge. The relevance and effectiveness of how services interact upon each other cannot be ignored.

5. The location for production of applied research may change in the next few years, from the university/institute to the field. The real issues are increasingly at the critical juncture between services delivery and their management. Services management research may require matrix or project approaches, made up of teams of services professionals, agency evaluators, managers, and so on, with institute and university personnel participating as team members. Under this type of arrangement, research leadership and trend development will shift to the agency or government unit. The process will be quite dynamic and interactive for both university and non-university researchers. University personnel can offer theoretical, conceptual and methodological contributions while learning the vital interaction between operations and research.

6. The production of one type of information, easy to follow guide books on how to implement management innovations, is essential. Several have been developed in the past few years on such subjects as financial management, cost finding and rate-setting, establishing fee schedules, developing information systems, developing local networks, producing a social services plan, and so on. Many of the emergent techniques of policy management, such as policy tracking, program budgeting and cross-program planning, may also be useful to a considerable group of practitioners. This type of "handbook" production is not always considered research, but its utility to the practitioner is essential to solving the immediate problems of running the agency or dealing with the interdependencies.

Networking Issues

Since the endeavor is new and there is a great deal of uncertainty in the field, exchange of information is essential. Any dynamic, applied field needs to fuel the fires while the engine is running. So it is with human services administration. Formal and informal networking is required to advance the art and process, by continuous problem solving and information transfer.

1. The research findings suggested immediately above, ranging from basic research on income versus services strategies to a handbook on how to put a policy issuance system in place, must be exchanged through all the available means of delivery. This would include varied formats: conferences, journals, symposia, demonstrations, handbooks, information clearinghouses, video and audio tapes, and so on. This may appear to be an obvious point, but too often the more applied work is not supported by government agencies or disseminated because it is considered less "academically respectable."

2. The information that is exchanged should be user-oriented. The context and format should be designed with those who are going to be using the information in mind. Universities in particular must avoid the common practice of deciding on their own what practitioners need. However, they have a lot to offer if the audience is a concern.

3. The principle of constancy of change must be behind any attempt to network information. In a dynamic field little is "set" in place for any period of time. The knowledge developed to solve the problems of the

present will soon be replaced by new problems or new approaches. By the same token learning must never be considered final, but a constant, developmental task. Thus, one might think of a network as an endless stream of possible information, with continuous replacement on both the supply and demand side.

4. The process of networking may be as essential as the product. That is, it is not only what one learns, but the way it is learned which is essential. The policy management approach outlined, for example, should be understood as not just a set of tools, but a sequence of strategic functions that must be interrelated and internalized.[28] Human services administrators must similarly see their work as beyond a set of techniques but as a way of dealing with problems. Once the concept of process in the administrative task is accepted, the obvious next step is to build this process into networking efforts with administrators in other jurisdictions.

5. Technology transfer must also become an important component of networking. Technology transfer has been defined as "the process whereby technical information originating in one institutional setting is adapted for use in another institutional setting."[29] Technology transfer has not been adequately assessed in terms of its potential and applicability. Perhaps "reinventing the wheel" is not all that bad after all. Although transferring technologies is not ordinarily thought of in an uncertain technology field such as human services, increased complexity and the pace of change has brought on the need for people to meet and exchange ideas in considerable detail. These activities go well beyond the traditional "show and tell." Normally the conference training format is only the first step in technology transfer. It raises the consciousness for new techniques. The next steps include full-scaled demonstration and then transfer to the receiving agency. Systematic technology transfer as networking will be increasingly important as public administrators become more comfortable with other peer learning situations, and find the need for more detailed exposure and instrumental understanding. There clearly is a need to develop an interorganizational process, or "delivery system,"[30] for techniques in managing human services.

Notes

1. It appears that the meaning of a general purpose government goes beyond the commonly accepted definition as one with multiple and varied functions. Some have argued that the government must also have a centralized administrative structure and a functioning legislative body. Still others have suggested that general purpose governments must not only follow state and national governments in separated branches, but must also possess a coordinated policy-making structure based on this division. This paper follows the latter argument, thus, moving beyond the notion of multiple function local government units delivering discrete and independent services to specific populations towards the notion of general purpose government as a mechanism that acts as a means of hierarchical coordination of policy processes which grow out of the inefficiencies, conflict and confusion of multi-functional service arrangements. See Hudson L. James, "The Ideal of General Purp se Governments Reexamined," in Peter Homenuck and Harvey K. Newman (eds.), Selected Papers from the 1979 Annual Meeting of the Council of University Institutes for Urban Affairs (Atlanta, GA.: College of Urban Life, Georgia State University, 1980, pp. 243-48).

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3. Herbert Kaufman, "Emerging Conflicts in the Doctrines of Public Administration," American Political Science Review 50 (December, 1956), p. 1057.

4. James Q. Wilson, "The Bureaucracy Problem," The Public Interest 6 (Winter, 1967), p. 4.

5. It is estimated that over 1100 federal domestic programs are available to state and local governments as well as other agencies. In addition, dozens of state aid programs go to local governments. Nearly half of these could be classified as human services programs. As expenditures are transferred from national to state to local governments about half of them are for human services. See Deil S. Wright, Understanding Intergovernmental Relations (North Scituate, Mass.: Duxbury, 1978), Ch. 2.

6. U.S. Department of Health, Education, and Welfare, Region X. Ties that Bind: HEW National Management Planning Study (Seattle, Wash.: HEW, 1976).

7. Peter F. Drucker, "The Deadly Sins in Public Administration," Public Administration Review 40 (March/April, 1980), p. 103.

8. June Axinn and Herman Levin, Social Welfare: A History of the American Response to Need (New York: Dodd, Mead, 1975), p. 9.

9. Ibid., pp. 39, 124, 186.

10. See, eg., Martha Derthick, The Influence of Federal Grants (Cambridge: Harvard University Press, 1970); Harold Seidman, Politics, Position and Power: The Dynamics of Federal Organization (New York: Oxford, 1980); James L. Sundquist, Making Federalism Work (Washington, D.C.: Brookings, 1969).

11. Robert Morris, "The Human Services Function in Local Government," in Wayne F. Anderson, Bernard J. Friedan and Michael J. Murphy (eds.). Managing Human Services (Washington, D.C.: International City Management Association, 1977), pp. 13-14.

12. U.S. Conference of Mayors, Human Services in City Governments, (Washington, D.C.: USCM, 1977).

13. Wright, op. cit., p. 5.

14. James C. Goilub and Steven A. Waldhorn, "Local Governance Approaches to Social Welfare Problems: A Preliminary Review." Menlo Park, CA., SRI International, 1979.

15. League of California Cities, Social Element Planning in California (Berkeley, CA.: League of California Cities, 1977), p. 20.

16. Sidney Gardner, Roles for General Purpose Governments in Services Integration (Rockville, MD.: Project SHARE Monograph Series, No. 2, 1976), p. 11.

17. Robert Agranoff and Alex Pattakos, Dimensions of Services Integration (Rockville, MD.: Project SHARE Monograph Series, No. 13, 1979).

18. John Mudd, "Services Coordination and Children," paper prepared for Conference on Services Coordination for Children and Elderly, sponsored by National Academy of Public Administration/Council of State Governments, Atlanta, Ga., April 11-12, 1980.

19. Gardner, op. cit., pp. 32-39.

20. Ibid., p. 40.

21. This section relies directly on Robert Agranoff and Alex Pattakos, "Human Services Policy Management: A Role for University Institutes," Midwest Review of Public Administration 12 (December, 1978), pp. 258-62.

22. Study Committee on Policy Management Assistance, "Executive Summary," Public Administration Review 35 (December, 1975), Special Issue, p. 701.

23. Phillip M. Burgess, "Capacity Building and the Elements of Public Management." Public Administration Review 35 (December, 1975), Special Issue, p. 706.

24. Ties That Bind, op. cit., pp. 20-21; Miller and Byrne, Inc., The Coordination of Health and Human Resources Planning: A Report to the Health Resources Administration (Rockville, MD.: Miller and Byrne 1977, pp. 11-13.

25. In addition to source materials and work at the local governmental level, the observations in this section are based on field work in several states on two projects, Models for Coordinated Health and Human Services (HRA-230-77-0153) and Evaluation of the Planning Reform Demonstration Project (OS-129-79-HEW), eight state and twelve state projects respectively. The author participated as co-principal investigator in the first project and participates as a member of the research team in the second.

26. Eg., Edward C. Baumheier, Henry H. Welch and Cynthia Cook, Interagency linkages in Vocational Rehabilitation (Denver: Center for Social Research and Development, University of Denver, 1976); Miller and Byrne, op. cit.

27. Robert Agranoff (ed.), Coping with the Demand for Change Within Human Services Administration (Washington, D.C.: ASPA, 1977); Office of the Mayor, Baltimore, The Baltimore Blueprint: Local/State/Federal Partnership in Human Services; State of Louisiana, Department of Health and Human Resources, Organizational Plan, 1977, pp. OS 14-16; U.S. Department of Housing and Urban Development, The Changing Demand for Local Capacity (Washington, D.C.: HUD, 1972); U.S. Department of Housing and Urban Development, Coordinating Federal Assistance in the Community (Washington, D.C.: HUD, 1972).

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30. W. Henry Lambright and Albert H. Teich, "Technology Transfer as a Problem in Interorganizational Relationships," Administration in Society 8 (May 1976), p. 52.

PARTNERSHIPS IN HUMAN SERVICES:
EXPERIENCES OF THE SEATTLE-KING COUNTY AREA

CASE STUDY

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City of Seattle, WA

CASE STUDY

Without question, those responsible for the funding and delivery of human services must become more skillful. Resources have never been abundant; however, the future promises even greater scarcity, those of us who consider ourselves professionals in the field of human service must learn to join hands, overcome turf battles and stop claiming that someone else or some other jurisdiction has the responsibility.

Several years ago, Seattle was engaged in a classic example of turfdom and "buck passing." Seattle's population was on the decline. Further, its once balanced central city community was reeling from pronounced "white flight." Suburban flight was seriously eroding the city's tax base. Moreover, it became abundantly clear, the desire to flee the city was being caused by increased neighborhood crime, which was being perpetuated by youth. Nonetheless, in the face of these realities, certain city councilpersons were resisting any attempt to mount a city-operated juvenile offender program. Their reasons were familiar: "Juvenile crime is the mandated responsibility of the county. After all, they run the juvenile court and the county detention center. Additionally, the state has a responsibility inasmuch as they fund the institutions for juvenile offenders. Lastly, the city doesn't have a sufficient revenue base to fund a juvenile offender program." Fortunately, wiser heads prevailed. Now the City of Seattle has a full-fledged juvenile offender program jointly funded by the state, county and city.

So that you might understand the geographic context of my remaining comments, let me describe the City of Seattle and its relationship to the County of King in which it is housed. Seattle is a City of approximately 500,000 people; its home County of King has a population of approximately 1.2 million. Seattle/Everett, which encompasses the counties of King and Snohomish, is the standard metropolitan service area with a population in excess of 1.5 million.

Several years ago, when the system of area agencies was being constructed throughout the country, the City of Seattle, because of its pioneer leadership in the field of aging, received the designation as the area Agency on Aging. The uniqueness of this can best be realized when one notes there are 600 area agencies on aging nationally and only 17 cities have the designation. Seattle's designation is additionally unusual in that the city serves as the agency on aging for all of King County. The Seattle area agency on aging is recognized as one of the best in the nation. This reputation would not be possible if it were not for a most unique aspect of the area agency. Though administered by the City, the Division on Aging is a partnership between the City, the County and The United Way.

The three sponsors, as they are called, signed an interlocal agreement calling for their joint participation in all matters of policy and selection of the area agency Director. As is typical for all area agencies, there is an Advisory Planning Council, one third of which is appointed by each sponsor. Each sponsor assumes special funding responsibilities, and the problems confronting both urban and rural elderly receive equal attention.

The experience of the partnership around the area Agency on Aging gave rise to an attempt to collectively address another real need. There are in excess of 2,000 agencies in the County of King that deliver some kind of human service. For years, it was well understood by all that anyone needing help had no way of discerning where to call or how to access the system. For years, many meetings were held by myriad providers and major funders, all of which concluded a centralized, computerized information and referral system was a must. Sadly, every meeting also concluded that the expense of such an effort was probably prohibitive, and no one was willing to take it on. Many alternative remedies were attempted; and with the showing of inadequacy resulting from each attempt, providers and funders finally came to the conclusion there was no way to avoid computerizing the Information and Referral System. Under the leadership of a United Way volunteer committee, which I had the pleasure to chair, a partnership funding proposal was advanced and realized. Later this year, the County of King will have fully operational a computerized Community Information Line wherein all information is centrally stored and can be accessed by use of a cathode ray tube by the operator receiving the information call. There is a single, toll-free number countywide, which is so adequately promoted that it has become as familiar as "911." The funding for the Information Line is participated in by then HEW, State of Washington, County of King, the City of Seattle, The United Way and a private foundation. Again, a sponsors approach was taken wherein all the participants, with the exception of the foundation, agreed to furnish staff to participate on a planning and oversight task force. Primary responsibility of the task force was not only to guide the development of the system but to insure its responsiveness to the various members of the funding partnership. The success of this effort encouraged the realization of a Human Resources Coalition, which I especially want to discuss with you today.

The human service and welfare agency of the State of Washington is entitled the Department of Social and Health Services. DSHS, as we commonly refer to it, is broken up into several regions around the state. Region IV, in which Seattle is housed, is the same geographic size as the County of King. An enlightened administrator named Ralph Dunbar saw early on the need for the state, county, city and United Way to come together. Consequently, for some time, he hosted informal, periodic meetings in his office for the primary purpose of exchanging information and asking questions of one another. Eventually, the hosting of the meetings began to rotate. One month at DSHS, the next month at the City, etc. Buoyed by our success at jointly funding Information and Referral, I chose to take advantage of my opportunity to host this meeting on behalf of the City to invite representatives from then HEW and the Community Services Administration. At that meeting, my special assistant, Connie Fletcher, presented a proposal that HEW, CSA, the State of Washington, The United Way, the County of King and the City of Seattle form a Human Resources Coalition. Further, that each entity, through its applicable chief executive officer, be willing to sign an agreement that would define the intent of the Coalition and its membership. It was then agreed to further strengthen the signing of the agreement by calling a press conference to observe the signing and to ask questions regarding the intent. A day-long retreat was arranged where the administrators of the six organizations came together to hammer out the formal agreement and the goals and objectives of the Coalition.

The agreement was signed by the Regional Administrators of HEW, CSA, and the State of Washington DSHS; The President of The United Way; the County Executive for King County and the Mayor of the City of Seattle. The purposes of the Coalition are as follows:

- Improve the ability to provide services to people in need.
- Reduce the administrative burden on agencies through simplification of forms and procedures.
- Identify current problems and needs of people and improve service delivery coordination.
- Anticipate the human service needs of people in the future and establish planning processes which will assure their satisfactory provision.
- Provide policy makers with better information on what services are being provided, to whom and at what cost.
- Find ways to make services more efficient through reduction in duplicative efforts, and
- Enhance the ability to make sound allocation decisions through monitoring and evaluation.

In addition to defining the purposes of the Coalition, it was decided that strict guidelines had to be placed on who would be the representatives from each organization and what percentage of attendance is required. Each organization decided to appoint two representatives; they are as follows:

- The Director of the City Department of Human Resources
- City Office of Policy and Evaluation Human Service Planning Director
- County Director of Budget and Program Development
- United Way Planning and Allocations Director
- County Manager of Human Services
- United Way Planning Director
- CSA Regional Director
- CSA Washington State Liaison
- HHS Director, Office of Intergovernmental and Congressional Affairs
- HHS Director, Office of Human Development Services
- DSHS Region IV Director, and
- DSHS Region IV Planning Director

Monthly meetings were established with the convenor rotating among the members every six months. The convenor is responsible for notifying members of the meetings, setting agendas, recording the proceedings and handling correspondence for the Coalition. The Coalition has no paid staff; all staff assistance is provided on a shared basis by the members.

The members determined that task forces, of an ad-hoc nature, made up of staff people from each of the member organizations, would provide the best method of operation. It was agreed that the responsibility for convening a task force would be carried out by a Coalition member; however, the task force would include all of the agencies identified as expert in the area to be addressed. For example, the Transportation Task Force includes representation from the METRO Transit District, the Puget Sound Council of Governments, the U.S. Urban Mass Transit Administration and the Washington State Department of Transportation as well as representatives from each of the Coalition organizations, with one of their members acting as host or convenor.

The philosophy that must be embraced in forming such a Coalition should include these important ingredients:

1. It should bring together all of the major funders in a defined geographic area at the decision-making level. Therefore, the actual participants may vary from jurisdiction to jurisdiction. For example, the City of New Orleans, in attempting to establish their partnership based on the Seattle model, included as a Coalition member Catholic Charities because of their funding role.

2. It should hold constant the size of the main coalition body, resisting all attempts to expand in order to include more and more players.

3. "Bottoms Up" planning-by using an approach similar to the task force effort described earlier wherein those with special expertise and interest in the problem come together to define the issues and make the recommendations to the Coalition-should take place.

4. An agreement to work together must be reached and formalized. Such an agreement must define who the representatives are from each participant, the rules on substitution--if allowed--and the requirements for attendance; for example, 75% of the meetings, 70%, etc.

5. Decisions reached by the Coalition should be unanimous. We have found that the integrity of decisions made and enthusiastic support for those decisions is best assured through complete agreement. The value of keeping the Coalition together in every case outweighs the value of any decision to which one of the members seriously disagrees. Our experience has been that a compromise is always possible--or is usually possible--and when it is not, the reasons are generally sufficient enough to make the decision ill advised.

6. Quick success is an important reinforcement necessary in the early formation of a Coalition. When coming together, the Coalition should look for those projects in which success can be achieved. Such successes bring the Coalition closer together, firm up the commitments and give notice to the community at large of the sincerity of the undertaking.

The Human Resources Coalition of Seattle and King County has been operational for one year. In questioning the participants in the various task forces as to their view of the Coalition, such as, "What difference has the Coalition really made? Would the developments we've seen have happened anyway without the Coalition?", I've received these replies:

- The decision-making processes in our organizations have definitely opened up. The regional Department of Social and Health Services budget process is perhaps the most striking example. Representatives of the City, County and United Way were involved not only in planning for the budget development process; but they also served on program committees and the task force making the final recommendations to the State.

- In transportation for the elderly and handicapped, the bottlenecks to progress have been identified. Without the joint involvement of City, County, United Way and the Feds, it's doubtful that the METRO Transit District would have been forced to seriously examine their commitment to transportation for the physically limited. While the task force has not yet achieved what it intended, the Coalition has provided an arena in which serious issues such as this can be discussed. Political action is now required. The Coalition can use the joint influence of its member organizations to create the necessary policy changes.

- The Coalition is being looked to as a vehicle for interorganizational planning. When issues such as the Indo-Chinese influx and the energy crisis have arisen, a commitment was made to address them jointly rather than in a fragmented fashion.

- Progress in the mental health area has been most marked. The needs assessment and program plans done to address the housing needs of the mentally ill have been adopted by the State Division of Mental Health. Coalition planning efforts, as a result, will have a state-wide impact on the problem. Staff for the County Mental Health Board claim that the Coalition forced the County to "do something bigger than we would have done ordinarily." Had the County tried to tackle something this big on their own, they fear that it would have died out under the press of day-to-day business. Long-range issues would have been ignored.

- Finally, the Coalition has managed to maintain the interest and consistent involvement of its members over the past year. Were it not seen as a viable organization, it is doubtful that the partners would have contributed so much valuable staff time.

What is the potential of the Coalition? Because the Coalition is made up of separate, independent organizations, it cannot--by itself--mandate changes in the social service delivery system. It can, however, influence the system from several directions:

1. It can make changes in the way each Coalition member organization does business. Planning processes used, both in terms of who is to be involved, and methods used to gather information; reporting forms required; the development of criteria used in reviewing the funding applications from agencies, can be implemented in a consistent manner.

2. Each can recommend to its own body positions and policies adopted by the Coalition.

3. The Coalition can advocate for state and federal legislation deemed to be beneficial to the people of Seattle-King County.

In sum, the Coalition can serve as a unified voice to speak to the problems affecting people in need in our area. While no one in Seattle-King County is welcoming the current budget crisis in human services, it has helped us to band together--to tighten up our response to the social needs of our community.

We are not throwing in the towel in Seattle and King County. Rather, we are using this opportunity to coalesce and become more skillful at what we do. We insist, a partnership approach is the only sensible pursuit for human service professionals.

UNIFICATION OF SOCIAL SERVICES--THE UTAH EXPERIENCE

CASE STUDY

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CASE STUDY

INTRODUCTION

The approach to unification of social services currently being implemented in Utah differs from many other efforts at promoting service integration because of its emphasis upon a developmental planning process rather than a detailed blueprint of the organizational structure. It is our experience that the best way to plan and implement unified systems is by mandating a developmental process rather than an ultimate product. Moreover, it is our judgment that a process based upon "top-down initiative" and "bottom-up planning" is the most appropriate way to proceed.

The Utah approach to planning and implementation of unified systems has been developed and refined through nearly a decade of experience with local unification efforts. Our experience strongly underscores the conclusion that even the process of unification must be tailored to political and other realities that differ between states.

The basic elements of the Utah's unification strategy are outlined and explained in the following pages. The text of this paper includes an explanation of the (1) Human Service Structure In Utah; (2) The Six Concepts Underlying the Utah Unification Strategy; (3) Centralized and Decentralized Authority; (4) Planning and Implementing Unified Social Service Systems with Local Involvement; (5) State and Local Government; (6) Geographic Community; (7) Public and Private Agencies; (8) Network and Independent Agencies; (9) Specialist and Generalist Skills; and (10) Reallocation and Expansion Changes.

THE HUMAN SERVICE STRUCTURE

The Utah Department of Social Services is a state-administered umbrella agency including a large range of services. Some services are delivered by state employees through the Division of Family Services, Corrections, and the Office of Assistance Payments. Other services are funded through contracts with local governments by the Division of Mental Health, Alcoholism and Drugs, and Aging, and are generally administered by local governments.

Since the establishment of the Utah Department of Social Services by the legislature in 1967, the Department has had a mandate "to consolidate and coordinate social services." Several Utah studies have recommended sweeping modifications in the delivery system to better achieve consolidation and coordination of services. ..

A series of federally-funded demonstration projects beginning in 1971 has attempted to implement limited aspects of these overall recommendations. One such demonstration project is the District V Human Service Center Services Integration project from 1972 to the present.

The District V Human Service Center has been a successful demonstration of an integrated human service delivery system in a rural area of the state. Because of this District V experiment and in response to legislative and gubernatorial direction, the Utah Department of Social Services is pursuing unification as its basic approach to service delivery throughout the state. The unification effort has been broadly conceived in Utah, operating at three levels: (1) at a policy development or planning level, (2) at a service delivery or pathway level, and (3) in an organizational structure level.

THE SIX CONCEPTS UNDERLYING THE UTAH UNIFICATION STRATEGY

The Utah Department of Social Services has adopted a strategy which is based upon six broad unification concepts:

- Co-location;
- Single point administration;
- Common support systems;
- Comprehensive human service planning and unified budgets;
- Shared governance with an emphasis on maximizing local input and direction; and
- Social service delivery in a locally-based system, including--

  --a defined client pathway

  --case management function

  --functionalization of service components

Co-Location of Services

As is implied by the name, this concept involves moving all service providers in a unified system into a single building. Prior to unification of services, it would not be unusual to find social service agencies located in separate sites throughout a community, thereby causing problems for any clients who would wish to receive services from two or more of them and impeding efforts of the staff of the agencies to engage in coordinated case planning, case conferences and so forth. In one of Utah's rural districts, nine human service agencies were located in eight different buildings in the community.

Co-location of all services in a unified system is thus a major goal in unification. It is expected to provide such benefits as:

- Improved client access to services;
- Lowered administrative costs through sharing of support costs; and
- Improved service delivery and quality of service because of increased opportunity for consultation and joint case planning among staff of different agencies.

Because of the obvious benefits, Utah officials have encouraged co-location of other agencies in its unified facilities even when these agencies do not wish to proceed with any further unification initiatives. Thus, for example, such services as Job Service (Employment Service) and certain health programs can be found in the same buildings as Utah unified systems. Locating the social service programs in one building has resulted in cost savings through various methods such as negotiation of long-term leases and acquisition of state-owned buildings.

Single Point Administration in the Service Delivery Area

While co-location can bring about many benefits, the mere presence of staff of two agencies in the same building does not provide a clean mechanism to promote coordination, or to resolve disputes among these staff members should they arise. Single point administration means that a single individual has direct line authority over all staff in the unified system. Although staff in a district may receive technical advice from a number of program specialists at the state level, a district cannot be said to have single point authority unless it is the district director and not officials in the state capital who have major authority over personnel matters, assignments, and all other day-to-day activities within the unified agencies. Items such as budget, program compliance, and staff assignments are the responsibility of the district director. It should be made clear, however, that while district directors have been given this kind of authority they have also been held responsible for performance and outcomes in the unified system.

Common Support Systems

Logic would suggest that if three agencies had existed separately and were now unified, it might be possible to save money through the use of only one receptionist instead of three, one xerox machine instead of three, a simpler telephone system, fewer cars in a motor pool, and so forth. This unification concept calls for planning and administering unified systems in the manner that is most likely to result in a sharing of support costs. Initial results have demonstrated an increase in efficiency, as measured by a lessening of the ratio of support costs to total program costs. This in turn has provided additional funds for service delivery at no additional cost to state or local taxpayers.

This concept is closely related to the co-location concept. But it goes beyond it by allowing a single point administrator the ability to use support personnel and equipment in a much more flexible fashion than would be possible with strictly independent service delivery agencies.

Comprehensive Human Services Planning and Unified Budgets

In the unified system, each district is developing a comprehensive planning and budgeting approach. Assessment of needs for the district takes place in a single comprehensive planning effort involving local planners, service providers, and elected officials who have the authority to develop programs and allocate resources. Each unified district has developed such a planning network.

Formerly, a number of categorical programs hired separate planners in each district to assess needs for that specific program. Each categorical program had its own citizen board structure. Under unification, this practice has changed. Most unified districts have moved toward a single human services board for the resource allocation process while continuing to have advocacy and program advisory boards in many different categorical areas. One planner funded by Title XX is hired in each district to assess local needs across programs, resulting in reduced planning costs and a coordinated plan based on district needs and resources. This comprehensive planning has helped make the decisions on allocation of funds between programs somewhat more rational.

The development of a comprehensive plan has helped local elected officials make decisions based more upon documented needs and resources, where formerly these decisions were based largely on the strength of lobbying interest groups.

Shared Governance of the Local Social Service System Between Local Officials and the Department of Social Services with an Emphasis on Maximizing Local Input and Direction

Current laws governing social service delivery dictate that local, state, and federal government staff will be involved in different kinds of social service planning and monitoring. This unification concept calls for maximizing the role of local elected officials in the planning and monitoring of human service programs, consistent within the limits imposed by federal and state law, and the limited resources and broad responsibilities of local elected officials. An important provision in a unified service district is to maximize the involvement of local officials. This mandate for local involvement has promoted increased political acceptability of the unified human service delivery system.

Social Service Delivery in a Locally Based System which Includes a Defined Client Pathway, Case Management, and Functionalization of Service Components

Based upon the experience of previous research and demonstration activities in Utah and elsewhere, Department of Social Services staff have become convinced that the best way to organize service delivery at the local level generally involves a structure that incorporates in some manner the following three elements:

- Client pathway--a single entry point into the system, followed by a predetermined sequence of staff members and procedures through which all clients pass, depending upon their needs;

- Case management functions--the designation of a staff member as a service coordinator with the responsibility of determining client needs for service, referring the client to the appropriate service staff within the unified system, and monitoring the progress of the client through the system; and

- Functionalization of service components--the organization of subunits based upon the functions carried out by staff members rather than their former categorical specialties.

The Utah unification strategy does not impose a single organizational model through which these three elements must be implemented. But it does require either that these three elements be included, or that plans be developed for their inclusion at the earliest feasible moment.

CENTRALIZED AND DECENTRALIZED AUTHORITY

The Utah Department of Social Services has a continuum of centralized and decentralized authority. Generally, the policy-setting functions and the administration of service programs are centralized at the state level and the delivery of the service programs decentralized to the local level. Utah is unique in service delivery in that local governments as well as decentralized state units deliver services in both urban and rural areas.

In the unification effort Utah has focused on decentralizing those program tasks to the local district areas which require specific knowledge of district operation. These program tasks which are being decentralized include: program administration, service area plans, budget preparation, budget expenditures, and new program initiatives. The program tasks that are being centralized are those mainly concerned with policy and regulations and include program policy, statewide plans, budget approval, program monitoring and technical assistance.

Utah is rapidly moving to the posture of centralizing the authority and responsibility to determine policy, and decentralizing the authority and responsibility of deciding how to carry out the policy. State-level technical assistance and monitoring activities help ensure that the policy is carried out in the local district levels.

In implementing its unification effort, Utah is using a "bottom-up" approach--starting at the local level and tailoring the delivery system to meet the local area needs.

Different service delivery patterns are needed because of the contrast of areas of sparce population and vast geographic distances on one hand, and densely populated areas within small geographic regions on the other. The total population of the state is 1,271,000 with 70 percent of that population residing in the Wasatch Front, an area that comprises five percent of the state land. Population growth between 1970-77 was almost twice the national average (2.6 percent per year) which places Utah as the seventh fastest-growing state in the United States. All of this compounds the problem of meeting the varied social service needs of Utah's citizens.

One specific example of Utah's attempts to decentralize authority which was previously centralized involves the budget responsibility. Utah is implementing a local emphasis on planning for budget needs, negotiating for the budget, administering programs within a budget, and remaining in compliance with policy. The state's role is to review and fix budgets, pass through funds, provide technical assistance, and monitor programs for compliance issues. Authority and responsibility have been connected at the delivery level by decentralizing administrative duties and approved budgets to the director of each operating system. The operating system becomes responsible for audit exceptions, for suits, for damage to equipment under their care, etc. Any financial losses are made up from their budgets.

PLANNING AND IMPLEMENTING UNIFIED SOCIAL SERVICE SYSTEMS WITH LOCAL INVOLVEMENT

Developing a local area social service system requires involvement from local elected officials, service program staff, and local citizens. This local level team needs to move through a sequence of five phases:

- Initiative phase;
- Planning and discussion phase;
- Final decision-making phase;
- Implementation phase; and
- Evaluation and modification phase.

The Initiation Phase

It has been our experience that no state agency wishing to promote unification can afford to sit back and wait for local service deliverers or local officials to recognize the need for unification and begin planning without any outside encouragement.

The passage of the Title XX Amendment to the Social Security Act in January 1975 provided both the opportunity and funding flexibility for the process of unification in rural districts to begin. This was initiated by assignment of a State Department of Social Services employee as district coordinator in each geographically defined social service district. These district coordinators were responsible for supporting local officials in developing and implementing plans to spend the 20 percent of Title XX social services funding that Utah had allocated to localities. The Title XX monies provided a much needed method to allocate funds across categorical lines. District coordinators were also expected to meet with local service providers and elected officials in order to assess the extent to which unification would be desirable. They were also to begin promoting discussions about the way in which a unified system might be structured if it were implemented, and the most appropriate procedures to plan implementation of unification in the district. In essence, the district coordinators have had the responsibility to determine the benefits that might accrue from unification and to work with local elected officials and service providers to develop a structure under which planning in such a system could take place.

In order to ensure that local elected officials play a key role in the design of unified systems in their jurisdictions, the Utah Department of Social Services has requested that a letter from county commissioners or officials of Associations of Governments be drafted requesting state involvement in the unification process. These letters have, in general, set forth the elected officials' support for the unification process as well as the conditions under which they are willing to go forward. These conditions have included such requirements as the role of the county commissioners in the eventual selection of a district director for the unified district, involvement of local officials in the planning and contracting process, and provision of periodic progress reports to the elected officials.

The Planning and Discussion Phase

Following receipt of a formal request from local elected officials, planning for the unified district can proceed in earnest.

In keeping with its principle of "top-down initiative" and "bottom-up planning," the Utah Department of Social Services has not mandated a planning process or a list of individuals who must be involved in the planning. However, since the Utah Association of Governments have generally included Human Services Councils that are comprised of elected officials, service providers, and consumers, these groups have been invariably involved in central roles.

In general, those developing unified systems have set out to meet the perceived needs of three major constituencies: social service agencies, citizens and consumers of services, and local elected officials. The need to satisfy all three constituencies was made explicit in the planning document of one of Utah's rural districts:

> "At the conclusion of the data gathering, the Task Force will be in a position to design a preliminary plan for co-location and integration of social services.
> ...It will combine the Task Force's assessment of the needs of local citizens and consumers, social service providers, and local government. The preliminary plan should then be tested against the needs and wishes of these groups."

Among the items that receive careful attention at this stage are:

- The scope of the unified system--what services should be included and which ones (at least initially) left out;
- The existence of facilities in which a unified system could be co-located; and
- The proposed relationships that will emerge among the agencies that will become unified.

Appendix B-2 to this booklet contains an example of a general planning document that was adopted for one unified district in Utah.

The Final Decision-Making Phase

Although unification plans should be developed with as broad a community consensus as possible, they cannot be implemented without explicit review and approval by local government officials, and development of contracts between those responsible for certain public social services and the public agency that runs the unified district.

In rural Utah the final decision-making phase has resulted in the development of contracts whereby county officials contract with the state to deliver services through the unified systems that were formerly county-run. In the urban South Valley Project the state has assigned partial responsibility for its Family Services programs to the county mental health agency that has administrative responsibility for the unified system.

The contracts that are developed at the final decision-making phase include provisions whereby the agencies that contract with the unified system have the responsibility to monitor periodically the effectiveness with which the unified system is delivering their services. These contracts therefore permit agencies to take their services back from the unified systems if in their judgment such actions are warranted. The contracts also provide a formal mechanism to include all other elements of the agreements that were made in earlier stages involving such issues as personnel, reporting relationships, responsibilities that are to be given to the unified system and those that are to be retained, and so forth.

The Implementation Phase

With the signing of the relevant contracts, unified districts can begin functioning. The first step in the implementation phase is the designation of a district social services director. In rural Utah the unified systems are the responsibility of the State Department of Social Services, and thus the state has the final word in selection and appointment of district directors. Given the concept of shared governance, the initial selection of district directors involves extensive consultation with local officials. Local officials serve as a screening committee, making recommendations about top candidates to the state. In all instances, the state has chosen the person recommended by the local screening committee, and the process has resulted in selection of district director in whom both state and local officials have confidence.

The selection of a district director is only the first step in a long process of implementation of a unified system. The newly appointed district director has the responsibility of translating the approved plans into reality. This responsibility includes developing the appropriate mechanisms for involving the staffs of the soon-to-be unified agencies in the development and implementation of detailed operational plans.

During the implementation phase, a wide range of specific decisions must be made. These include:

- Deciding upon the structure of the system; i.e., creating functional service delivery units and support units, and deciding upon the responsibilities of each;
- Assigning staff to units;
- Delineating the authority of the district director and unit supervisors in the system;
- Developing a detailed client pathway;
- Training staff in their new responsibilities and reporting requirements;
- Developing ongoing relationships with state agencies;
- Developing ongoing relationships with local officials and Human Service Councils.

Efforts to promote attitudinal change among the staff of newly unified districts can be as important as efforts to develop new reporting and management systems. In particular, the staff of formerly independent agencies may have lingering suspicions about the concept of unification, and may also feel a loss of their agency's identity. Both formal training sessions and informal procedures are needed to help translate the feelings of "us versus them" among the staff of different units into more of a feeling of "we." Probably the most important step toward staff acceptance of unification is their inclusion in the decision-making process--when staff members have a voice in the system design they are able to accept change more easily.

The experience of Utah suggests that one cannot expect a unified system to spring into existence within days or even weeks of the selection of a district director. Recognition of the fact that planning can be a slow process and that all problems cannot be overcome immediately is necessary. The willingness to take the time to allow the unification process to succeed is key to long-term success of the movement.

The Evaluation and Modification Phase

Even the best of implementation plans needs to be modified as conditions change and as the district director gets a better understanding of the needs of the unified system and the capabilities of the unified system to meet those needs. The unification process developed in Utah therefore includes an explicit monitoring and evaluation system that enables state officials, local officials, and district directors the opportunity to review periodically the effectiveness of the unified system, and to suggest or implement appropriate changes.

In Utah the following kinds of changes have been implemented in one or more districts over the course of time:

- Modifications to the client pathway;
- Inclusion of new services in the unified system;
- Withdrawal of services from the unified system;
- Changes in the formal relationship between the district director and local elected officials;
- Relocation of services as facilities for co-location become available or are constructed.

STATE AND LOCAL GOVERNMENT

Utah is the only state with an umbrella state social service agency that shares Title XX funds with local governments. At the inception of Title XX funding, the state legislature chose to split the funds, giving 80 percent to the Department of Social Services and 20 percent to local governments. During this period the Office of Community Operations (OCO) was established at the department level to respond to a legislative mandate direction that 20 percent of the new Title XX monies in the state be allocated through local planning mechanisms at the discretion of local elected officials. OCO

established a district coordinator in each rural district and allocated planning monies to each urban county to coordinate and facilitate this planning and allocation process. Title XX has proven to be an incentive to local elected officials to become involved in the service delivery process. Because Title XX provides flexible monies to local delivery systems, local area involvement in needs assessment, planning, and budgeting processes has become important. OCO has since evolved into the operational arm for all unified systems.

The distinction between which layer of government--state or local--administers and provides which services is largely dependent upon the tradition and population of a given area and the sophistication of the local government itself. Two urban counties have county departments of social services with policies, procedures, and staffing patterns well developed. Salt Lake County has a full-time commissioner assigned to social services. The rural areas, however, do not have the same level of sophistication as the urban areas, and in some cases have contracted county-run service programs to the state for administration and delivery.

The Utah Department of Social Services is striving to establish stability in local service delivery systems through a formalized local/state partnership, with both the locals and the state having input into the formulation of a local social services delivery system. Ideally, the state administers the service programs and the locals provide a planning and evaluation function.

Utah's experience has been that an effort involving joint planning, joint budget review, joint evaluation efforts and, where possible, joint decisions on allocation of resources proves most helpful in strengthening local/state relationships.

GEOGRAPHIC COMMUNITY AND COMMUNITY OF INTEREST

Utah is divided into separate geographic districts for differing services. Court districts differ from comprehensive mental health districts, from school districts, and from the state planning districts. These differences produce constraints to clear communication and effective service delivery.

The most influential of substate geographical units in Utah, however, are those nine units constituting an Association of Governments (AOG).

Each unit is a grouping of counties which have come together to attack common concerns. The governance body for each area is local public officials who, among other relationships with social service, put up the local money required for some programs to operate. By bonding together, these geographic units have provided many advantages to social service programs. Some of these advantages include a pool of money to buy resources that no single county could afford, the potential for stronger political clout, the mechanism to require state-administered programs to be more accountable to the local area; and multicounty planning to solve problems.

Social service programs in Utah have also experienced some disadvantages from combining areas and resources. For example, public officials are not full-time in many areas and consequently cannot devote the time required to

adequately carry out the job. Many times the understanding and awareness of social service programs and purposes are limited among the public officials. This situation often results in a lack of support for social services. Also, intercounty jealousies can often threaten the strength of the district unit.

In Utah, as elsewhere, the communities of interest are many and varied, including such groups as the state legislature, local public officials, vested interest groups, professional organizations, and consumers of services. All of these groups link directly to human services. Each can be seen as an ally or an enemy. All can bring direct pressure to bear; most can provide or take away funds and all, in one way or another, have their own agenda to pursue.

As a result of the unification effort, area human service boards have been established. They have brought together a group of citizens in each area to tackle human services problems. They review grant proposals (A-95 process), advise local commissioners, and prioritize county funding expenditures for service programs. The makeup of these boards vary from local areas but generally include equal representation by consumers, service providers, and elected officials.

PUBLIC AND PRIVATE AGENCIES

Most private social service agencies in Utah act as an adjunct to public service. Most of the clients for the private agencies are supplied or referred by the public agencies. Consequently, there is very little competition between private and public agencies for funding.

There is a great difference between the urban and rural areas of the state in the availability of private agencies. Rural areas have very few private agencies which offer any of the social services. Rural areas of Utah are solely dependent upon the state to provide for the social service needs of their citizens. High overhead costs and lack of public support have almost eliminated the private agencies in areas other than the heavily-populated urban areas.

NETWORK AND INDEPENDENT AGENCIES

The strategy used to develop local integrated services systems was to structure each system according to the needs, political climate, and desires of the local area; consequently, each unified service delivery system in Utah is unique. For example, in District V there are five major units within the integrated system: special programs, intake and service management, protective services and substitute care, public entitlements, and counseling and testing. In a second district, District VIIB, which has a large Indian population, there are also five major units, but they differ from those in District V. These units are public entitlements, protective services and substitute care, reservation services, mental health, and special programs.

Whether or not programs fit within the network seems to be determined more by the concerns of program people (attitudes, turf protection, laws, rules and regulations, and special interest groups) than by program problems or by consumers of services. Almost any program can mix well if we look at

functions rather than categories and funding sources. Consumers are really after effective services and our experience has been that they are generally unaware and are unconcerned about the structure or program philosophy to which the services they require are attached.

SPECIALIST AND GENERALIST SKILLS

Most of Utah's integration of services experience has been in rural areas of the state where distance, scant population, caseload diversity, etc., have almost dictated a generalist role. Specialty tasks are carried out, but a psychiatrist who prescribes medication may also assist a client to complete eligibility forms during an office or home visit.

Utah favors a functional use of staff. This approach allows staff to perform tasks they are trained to perform on behalf of the consumer population. Experience has found that it is counterproductive to restrict staff to serve categories of people based strictly on the funding source. An example of this approach is the development of a counseling unit rather than having a mental health counselor, a family service counselor, and an alcohol and drug counselor.

The functional use of staff involves assigning work responsibilities which cross categorical lines. Functional staffing assignments in unified service systems provide the opportunity for staff to do what they do best. For example, a psychologist funded by the Division of Alcoholism and Drugs provides testing and counseling services to the community, including those in the alcoholism and drug probation program. To restrict staff to specific target groups makes no sense in rural areas where caseloads are small and spread out over large geographic areas. The functional approach has been very successful. On balance, the service dollar can be accounted for categorically across a system without having to restrict staff to serving categories of people.

REALLOCATION AND EXPANSION CHANGES

Integration of human services is an attempt to serve the total needs of clients in an effective and efficient way. After a firm commitment was made by the Department of Social Services to pursue integration of service programs statewide, three initiatives followed. First, a departmental position statement was issued stating the department's firm commitment to the implementation of unified systems in rural areas of the state. Second, legislative authorization was sought and obtained to allow for more flexibility in experiments in the urban areas of the state. A third initiative was assigning several departmental employees as staff to a unification planning project.

With the conservative fiscal climate across the nation at this time, innovation of any kind is difficult to institute. Because of these budget constraints, much of Utah's organizational change has occurred through reallocation of resources; e.g., temporary duty assignment of district staff to the Unification Project, realignment of the state planning office, etc. The thrust of the Utah unification effort has been to use existing resources from various programs and thus expand the available service dollars. This approach has enabled continued development of the unification effort, even during a time of severe fiscal constraint. The only expansion of budget has been mainly centered with co-location efforts.

SUMMARY

The Utah Department of Social Services does not feel that they have the "final word" on the kind of unified service delivery system that is needed to meet all of the challenges of the 1980s and beyond. Utah has, however, set in motion a developmental planning and implementation strategy and process that will be farsighted and flexible enough and have enough political support to respond to challenges as they emerge.

THE PUBLIC-PRIVATE SECTOR PARTNERSHIP AND SOCIETY'S NEEDS

LUNCHEON ADDRESS

Jane C. Belau, Vice President
Control Data Corporation
Minneapolis, MN

LUNCHEON ADDRESS

Thank you for the invitation to be here and to be a part of the first meeting for the building of a national Human Services network.

The building of a network among human services providers, clients and others concerned with the availability. quality and affordability of service is timely, appropriate and necessary.

There is no one here--a county commissioner, a city, state or federal elected or appointed official, an industry representative, a public or private provider of service, a client or a public--that is without concern today. The spector of diminishing resources while faced with growing need threatens the provision of services necessary to address growing social problems.

A Human Service network--such as the one being formed today--with its ability to collect and share information about new and different approaches to solving problems faced by all of us--is invaluable to maximizing available resources. The problem you face in your local area may have been solved already by someone across the country. An exchange of information--accessible and available to you--will save hours, dollars, human resources and provide a cost effective solution to a problem.

There are two things I'd like to do . . . .

Tell you first about one corporation's unique commitment to addressing social needs and its commitment to the public private sector partnership in addressing those needs . . . .

then make some observations and suggestions about building that partnership.

First, something about Control Data. Our corporation was founded in 1957 as a small business. This computer company has grown since then to employing 56,000 people worldwide today. The corporation has grown to be MORE than a computer company beginning some years ago to recognize the needs of society--and the need to apply private sector solutions to the complex and massive problems facing us. Control Data's Chairman and Chief Executive Officer, William C. Norris, a founder of Control Data, has guided this corporation to a leadership role in the nation with its corporate strategy of "meeting society's major needs."

We are midway into the first year of the eighties. All around us we continue to hear about life in the last two decades of this century--and what we will face in the year 2000.

One thread remains constant throughout all the panel discussions, speeches, presentations and written material: that is one of challenge. The problems of society are not going to diminish. The complexity of our society, the dwindling resources, the growing demands, competing interests,

uncertainty in foreign relationships and the growing inability of major public institutions to address the complex problems of society contribute to that challenge.

It is clear--as we have heard again today--that the public sector cannot do it all. Recognizing that, Control Data Corporation saw that the application of technology--know-how--through its business to these social problems not only brought the resources of the private sector--human, economic, and know-how--to provide solutions to these problems but that it was also good business. It was carrying out the role that business was created for: providing the goods and services needed by society, generating profit not only to provide a return to the investors but enabling expansions and the all-important creation of jobs, providing for sponsored research and the development of new products and services to address new and growing needs.

What are some of these needs facing us--and where do we fit? The needs are many. They include the need for more available and less costly domestic sources of energy, less costly quality health care, rebuilding blighted inner cities, better nutrition, a greater supply of food, less costly housing and, importantly, providing enough jobs for people affording them dignity, a sense of self-worth, and the necessary income to support themselves and their families.

These and other problems continue to grow. Since the government alone has been unable to address them and to provide solutions, it is time that the public private sector partnership becomes a customary way of doing things--not something unusual or a pilot project or model program but the usual, ordinary way of sharing costs between the public and private sector--that governmental planning incorporate input from the private sector in doing that planning, and that funding for those jointly developed plans follow. Where problems are greater than the resources of a single company, then cooperative projects with other companies and institutions--joint ventures--should result in a pooling of resources focused toward problems.

Control Data has vigorously pursued the strategy of addressing major social problems for over twelve years. Let me briefly touch on Control Data's own programs addressing social needs. You will find that human services are central to addressing needs of society.

In the late sixties, inner city rioting in poverty areas in Minneapolis led to the recognition of the problems of inner cities with the need for rebuilding, the creation of jobs, and the accompanying needs of education, training and availability of those jobs. Control Data placed its first inner city plant in a poverty area in 1967. This has been followed by four more with a fifth under construction in economically depressed areas. These inner city plants have not only become as profitable as the more conventional operations, but they have successfully addressed major social problems in those areas--including the important problem of unemployment--through aiding disadvantaged people through employment training and the opportunity to hold a job.

Accompanying the need for inner city employment was the need to recognize that many single heads of households (many females with young children at home) are working in those inner city facilities. The need for child care facilities

with quality in its services was obvious. There is, today, close to that first inner city plant on the north side of Minneapolis, a child development center--first rate--with trained personnel, programs in personal management, social development, physical development, arts and crafts, sciences and history with the offering of nutritious meals, and activities in light, airy and colorful settings because Control Data recognized a need and enlisted the support of the community in getting the day care center started.

For the many job-seekers who could not meet the time requirements of a full time job, Control Data opened a plant in another economically depressed area in early 1970 in St. Paul, designed to fill needs of part-time employees. These job seekers included female heads of households, vocational high school and college students in need of financial support and others in need to supplement the family income. Now, mothers of school age children make up the workforce on the first shift, with high school and college students primarily composing the second shift. Started in an abandoned bowling alley, a new facility was constructed for this work sharing approach geared toward needs of a part time work force in 1974.

Basic to getting and keeping jobs..basic to achieving a level of economic self-sufficiency..and basic to all facts of life is education and training. Control Data's largest program is addressing the need for available, accessible, less costly and quality education. For seventeen years the company has been developing its computer based education and training system called PLATO. With its TV like screen, its typewriter like keyboard and its quality material for interactive learning, PLATO is making great changes in lives of those utilizing its system for education and training. The key to its success is the INDIVIDUALIZED approach to learning, with a patient, non-critical terminal providing learning at the students' own speed, reinforcing a sense of accomplishment and self worth through successful learning.

A major program in addressing human needs is recognizing an increasing problem--that of unemployed, disadvantaged youth--is a Control Data program called FAIR BREAK. Aptly named, the program uses PLATO computer based education in aiding people to assess their skills, to learn and learn well the basic skills of reading math and language, job readiness, life management and job seeking skills. In partnership with schools, community colleges, prime sponsors and local governments through CETA funds and others, these Fair Break centers are aiding our disadvantaged young people in preparing for a job, finding a job, getting it and keeping it.

Computer based education through PLATO also addresses the need for better health practices, lowering the cost of health care, and enabling people to live healthier, more productive lives. The Stay Well Program, the health risk assessment, and the ability to target health education through PLATO to the specific needs and interests of individuals is vital to the well being of all of us.

New efforts are being made in providing programs for people with disabilities. Control Data's HOMEWORK program, started for its disabled employees, has homebound individuals using the PLATO terminals in their homes for education, training and employment. The conferencing capabilities of the computer based education system are valuable in the peer group support and the home based counselor on the system with these disabled employees provides whatever

assistance is needed by the individuals in order to deal with problems. Homework has broad application for many homebound disabled and elderly persons and is now available to other corporations to address the needs of their disabled employees.

Other human service sponsored research programs include the use of PLATO computer based education to aid students who are mentally retarded in their learning and for adolescents who are emotionally disturbed. Computer based education programs for individuals with disabilities, the development of individualized planning and management of education programs, remedial programs, equipment modifications for use by disabled persons with differing capabilities, emphasis on barrier free design and employment training programs are additional areas where special needs are being addressed.

Small business development is another major priority for Control Data because small business is a major source of creating jobs, of innovation and of the creativity needed by our society to solve its major problems. All of us in our states are facing increasing unemployment with the problems that accompany unemployment. With small businesses as a major source of creation of new jobs, we must find a way of reassessing skills, training and retraining workers to fill these jobs and generate support for emerging businesses. Entrepreneurship will become a valuable means of providing economic support, employment and fulfillment for many in the future including older Americans as the nation's work force changes.

Because of its interest in aiding small business, Control Data has established the concept of Business and Technology Centers. Designed to serve businesses, these centers cluster services needed for the successful start-up and growth of small business in one setting--space, flexible laboratory and office space, a shop, drafting, accounting, legal and purchasing services, conference rooms--plus the technology accessing and transfer services of Control Data's Technotec, computer services for management and the easy access to Control Data's computer based education offering the courses on How to Start your Own Business, How To Do Financial Planning and other courses designed to address business needs. Further, Control Data aids small businesses with start up capital in the earliest phases of small business. The Business Resource Centers provide multiple services to business supporting the creation of jobs in those cities.

Another private sector effort is found in co-venturing. With some problems identified as too great for the resources of a single company, there is the co-investment by a number of corporations and institutions in a for-profit corporation to address social responsibilities. Control Data generated the idea for City and Rural Ventures, provided leadership to the concept and are partners in the unique ventures.

Inner city revitalization, with high unemployment, blight and deterioration of both the physical setting and the human spirit, is one of those challenges that has many parts and is massive in its size. In spite of enormous amounts of money aimed at the problem, the problem of inner city deterioration remains. Based on a strategy emerging from the urban failures of the past, Control Data has brought together the large corporate resources such as Control Data, Reynolds Metals, Dayton Hudson, Honeywell, St. Paul Companies, Northwest Bancorporation, First Bank System, the Minneapolis Star

and Tribune Company, Medtronics, together with smaller corporations, the American Lutheran Church and individuals in a combined effort called city ventures.

The organizations are partners in an enterprise, shareholders and participants in the planning and managing of the implementation of innovative and comprehensive programs for revitalizing existing urban areas and for creating new environments. The resources within the partners of the consortium for management, professional technological and financial are substantial...and the accessing of those corporate resources for building and restoring communities is vital to the successful achievement of city venture goals. An independent living environment is a focus for the urban revitalization programs.

Rural Venture is the newest co-venturing project. When talking about Rural Venture, you can best understand the importance of this venture when you consider the following: in the coming decades we will have more people. We will not have more land. Thus, we must enable the use of existing land to support more people--both with food through more efficient use of land and with economic support for more people on smaller farms providing jobs and an adequate source of income. Along with these vital needs, it is important to develop the capability to support small scale agriculture and nurture the small business related to agriculture through Rural Venture. Small businesses and small farms remain an important part of our society--we all know the trends with small farmers leaving farms and small businesses, pressed for many reasons outside of their influence. The co-venturing is one way to address the problem and aid those small farms and businesses through technology and education to become productive and profitable. Rural Venture--a partnership of companies, cooperatives and the Catholic Church--includes the development of a holistic approach to rural needs. A holistic approach includes human services.

You can recognize the thread of human services throughout--the need to recognize human services needs, to identify ways to meet those needs through appropriate cost-effective programs; the need to manage those programs; to exchange information--all are clear to us. The human services field is, in a sense, in a crisis nationwide--today, escalating costs for the provision of services,--increased demand for public assistance and unemployment aid, and the lack of additional public dollars to meet that growing demand require that we look to new ways of addressing needs. The public private sector partnership is one of those ways.

In building the public private sector partnership:

- We need to stop focusing on the differences between organizations addressing social problems and focus on the shared problems themselves: from there we should look at the building of a continuum or mosaic, if you will, of organizations to provide solutions to those problems. This continuum must embrace all sectors--community based organizations, client groups, foundations, government, universities, private industry, individuals--all must take a role in a shared approach to problems of society.

- Comprehensive planning and coordination of human services should take into consideration the unique contributions of each partner in the provision of services with a shared funding of programs and recognition that a public private sector partnership doesn't mean the public sector decides and the private sector funds.

- Better communications among parts of the service spectrum will generate a mutual understanding of our problems and a pooling of resources. The communication that will ultimately lead to improvement in service provision is necessary at all levels--federal to state, state to state, state to county to city, client to provider, professor to business person, massive public systems to personal contacts.

- The information exchange and network building considered here today should be strengthened in order to make the best use of our resources and provide the best solutions to problems.

In closing, I underscore the commitment of Control Data Corporation to meeting society's major needs through its business.

We remain interested in maintaining a dialogue and in sharing with you the development of new and better ways to address human services needs.

COORDINATING HUMAN SERVICES: SOME ISSUES TO CONSIDER

CONCEPT PAPER

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CONCEPT PAPER

THE PROBLEM

Many human service professionals are not very concerned about the capacity building needs of general purpose governments. Some of them, in fact, feel threatened by them. What good, they ask, can come from injecting more politics into the planning and delivery of services.

The answer, suggested by HHS's (nee HEW) service integration demonstration projects, is that with the commitment and leadership of general purpose governments, and in particular chief executives, the chances for sustained progress in developing integrated, effective service delivery systems appear to be great. The evidence in this direction is not conclusive and the reasons not fully understood. But it seems that the electoral base of general purpose government and the authority that derives from that base can serve as a powerful stimulant to greater coordination among human service agencies. Also, it appears that the broad based perspective of general purpose governments is in itself a significant element in that it can facilitate the identification of major service needs and of overlaps and duplications in the service machinery.

But this answer is not as simple or as easily attainable as it appears. This answer, albeit drawn from the wealth of experiences from HHS's service integration and capacity building/partnership projects, is not based upon extensive documentation. Nor is there much public support in today's shrinking dollar economy for capacity building or service coordination efforts that cost money.

But there is public support--at both the State and local levels--for increased quality and effectiveness of services. At any town meeting or public hearing in the country one can hear average citizens speaking out on what they want purchased with their tax dollar--a larger police force, more day care, a better network for abused and neglected children, more hospital beds. Concurrent with these needs is the growing awareness and increasing pressure to maintain a cap on local spending and hold constant the property tax base. On the surface it appears that local and State officials are faced with the classic dilemma of being between Scylla and Charybdis--either raise taxes in order to improve the service delivery network, or maintain level funding for current services, in essence decreasing their capacity to meet the needs.

Whatever decisions and actions are taken by State and local officials will inevitably have long run consequences and complications for eroding tax bases and shrinking budgets. When these decisions and actions are effected independently--as they often are--their consequences are doubly harmful. But the choices to be made by these elected officials--increasing services through higher taxes versus putting a cap on taxes and expenditures and thereby reducing capacity--need not be mutually exclusive. By relating a variety of policies, plans, and programs to one another in a coordinated and consistent manner to accommodate the needs of the citizenry and to accomplish the

desired results is a mechanism which may lead to benefits later on, the most fruitful of which is a broadening of resources and a maximization of the dollar.

THE RESOURCE INVENTORY

The first task toward developing this mechanism of coordination is an inventory of the existing resources and services available to the citizens of a particular geographic area--city, town, or county. Although not by any means an easy task, it is well worth the effort and will no doubt come as a surprise to many people exactly how many resources and services exist in a community.

Introducing the concept of an inventory of resources necessitates a definition of human services. To many, the term human services means mostly Federally-financed and/or State-supported programs such as AFDC, Title XX social services, correctional services such as probation and parole, alcoholism and drug treatment programs, and the like. But human services encompasses a broader range of services than just the traditional categorical HHS programs. On the local level, human services are broadly defined to include public transportation, police, fire and rescue, city or county hospitals, civil defense/disaster services, and public schools. These services are primarily financed from the local tax base and revenues rebated from State "cherry sheets."

In most municipalities one can find a combination of privately-financed human services. These may include social service agencies such as Catholic Charities, Jewish Family and Children's services, homemaker services, Visiting Nurses Association (VNA), private acute and chronic care hospitals, and nursing homes. Financing for these services is derived from charitable contributions, Federal and/or private foundation grants, third party payments, and/or State agency grants and/or individual purchase of service agreements.

A final type of human service agency that is often present and available in a community can be classified as quasi-public/private service agencies, thus named because they not only are financed through a combination of Federal, State, local, and/or private monies, but also often receive a special corporate designation under the laws of many States. The most common of these agencies is the community mental health center. Community residences such as half-way houses, and group homes for the mentally retarded, mentally ill, ex-offenders, and drug and alcohol abusers are another type of quasi-public/private agency. A recent innovation--termed an Intermediate Care Facility (ICF)--is yet another service that may be available to a particular geographic area.

The fact that all these services potentially exist side by side in a typical geographic community implies that, on the one hand, there may be the resources necessary to address the needs, yet on the other there is an equal probability that these services may be duplicating each other and creating service gaps.

Compiling a resource inventory is a first step in identifying the range of services in a community and the aggregate resources that exist to support them. Accomplished in several communities across the country--most notably in Malden, Massachusetts and in a tri-county area of eastern Utah--these

inventories provide local officials and planners with a "map of the terrain," detailing the variety of services available, the number and type of staff to provide the services, the available facilities, and the amounts and sources of dollars supporting the administration and delivery of those services. In one community where this writer was involved in the development of a resource inventory, it was discovered, upon completion of the inventory, that several agencies were offering the same service to the same sub-population of citizens in need, while another sub-population was unserved. It was a reasonable assessment then that the existing resources could be redistributed to address the needs of the latter group, without compromising the services to the former sub-population and without creating a new agency with new resources.

As well as an excellent complement to a well-constructed need assessment, a resource inventory becomes the basis for planning a coordinated network of human services within existing resource constraints.

PLANNING FOR COORDINATION

Logic would seem to dictate that when the dollars become scarce, effective planning becomes increasingly important. For under these circumstances, it becomes all the more vital to make certain that the available dollars are being spent wisely. But more often than not in the human service environment, it doesn't seem to work this way. As the fiscal noose tightens, service deliverers exert an even stronger claim on available dollars. Services are tangible and yield certain benefits; planning is intangible and yields uncertain benefits. Construction of a resource inventory becomes more than a basis for planning and decision-making in these circumstances--it becomes a political leverage which elected officials can employ to persuade a reallocation of resources and a coordination of services.

But let's not forget the importance of a planning capacity. Coordination of services can only be efficiently and effectively accomplished if it is based upon planning. Planning provides decision-makers (be they Federal, State, or local officials) with information on possible courses of action. It is essential that planning decisions which affect future investments in government goods and services be accomplished in a coordinated, consistent, and efficient manner.

Creating a planning capacity at the local level (and providing the funds to support a planning staff) is no easy feat. Planning and coordination efforts require the support of the chief elected official, and support means more than a mere rubber stamp of approval. Support means that the planning and coordination effort is clearly a priority of the elected official and that there is visible staff assigned to the effort. Without this support, the effort will fail. Many officials--both on the State and local levels--merely pay lip service to such efforts. Word travels fast in political circles, and the planner without support will be treated like an Avon lady--you may, out of courtesy, listen to her sales pitch, but you won't buy any of her products. When true support is obtained, it rarely lasts longer than the term of office of the elected official who is backing the effort. If the end product toward which the planning is directed--the establishment of a coordinated service system--has not been achieved by the end of four years (or the next election) then the chances of survival and continued movement

towards that end product are improbable. Perhaps the most difficult achievement on the road towards coordination is the institutionalization of the idea of a coordinated network. A coordinated network is not free, it is feared by social service professionals as erosion of their power base and their "turf," and, at first blush, it is not conceived as a major achievement upon which a chief elected official would build his or her political base.

ROADBLOCKS TO A COORDINATED NETWORK

The dictionary defines coordination as the act of bringing into proper and relative order; the act of harmonizing. There are many forms of coordination, ranging from colocating related services under one roof, interagency case management of client needs, or locally-sponsored projects pursuing Informational and Referral (I&R) linkages. These forms of coordination are difficult to achieve. It is one thing to prove the need for a coordinated network, but it is quite another to effect it.

It is rare to find an elected official whose background is in human services, therefore the human service arena is viewed by most governors, mayors, and county commissioners as a swampy morass out of which comes only bad news and budgetary pressures. Their initial bias, then, when presented with a proposal to coordinate services, is that it is too costly. Unfortunately, they are partially correct. Coordination does not cost less. The initial start-up costs are always high. Whether or not coordination--of whatever form--will result in lower costs has yet to be proven.

Another issue that is often raised by elected officials is the incentive one--what's in it for me? Closely aligned with the cost issue, this question arises from the nature of human services in general. Viewed by most elected officials as redistributive programs (general revenues allocated to low-income populations), it is difficult for them to view the human service arena as one which offers areas of opportunity for management and service delivery innovations.

A third problematic area addresses the interface between State and local governments. Although the development of a coordinated service system can occur with only local services, the optimal goal would be one aimed at local and State services and resources. This is more difficult to achieve because of administrative or organizational problems.

Where strong sub-state governments exist, they are often major providers of human services in their own right. They may have a strong incentive to coordinate services with their State counterparts, but often there is no focal point within State government where intergovernmental problems can be identified and resolved.

Closely related to the above problem is that of a lack of lead State agencies addressing major cross-cutting or inter-programmatic planning and policy issues. The result is that these issues are not addressed and resolved effectively.

The problem associated with electoral politics was alluded to earlier--it is often the case that an effort to coordinate services between a State and several localities is started but never completed because one or more of the supporting officials lose their elections.

Another barrier--and perhaps the hardest to overcome--is that related to Federal regulations and legislation. Many of the current categorical programs in HHS actually inhibit interagency and intergovernmental coordination and planning activities.

Finally, there is a danger if coordination occurs at the local level without concurrent State-level coordination. The difficulty arises when State agencies attempt to adapt and/or respond to the changes effected at the local level.

Although these roadblocks may seem insurmountable, they are not. There are just as many, if not more, incentives for forming a successful network of services and establishing an intergovernmental partnership. One reason, although not the most compelling, for local officials to become involved in human service planning and coordination is based on historical precedent.

ANTECEDENTS FOR LOCAL PLANNING AND DELIVERY

Local involvement in human services is a natural continuation and evolution of roles for the planning for and provision of a coordinated network of services that have long been found at the local level. The succession of events which form the basis for this argument begins with the primary involvement of local governments in the Anglo/American welfare systems and continues through the history of social services in this country. Tracing localities' roots in social service delivery would highlight the following events:

- The strong tradition of voluntary associations of human service providers has occurred at the local level (from the Charity Organization Society to the councils on social agencies, including contemporary health and welfare councils).

- Prior to the recent infusion of public funds (post World War II), the majority of planning for human services was done by the voluntary sector at the local level. The philosophical basis of such organizations was to plan by including primary sectors of the community (government, business, labor, educators, etc.). These organizations are still present in most larger communities, and depending upon circumstances, are sometimes the only source of planning in a community.

- Putting aside the negative consequences of urban renewal, the program represented a model whereby the local community assumed the primary responsibility of carrying out a nationally designed strategy. This model (for better or worse) demonstrated the local community's capacity to mount a concerted effort to achieve some goals.

- The Community Action Program provided most communities in this country with a contemporary model for their direct involvement in the planning and delivery of human services. This involvement was reinforced in some communities by the Model Cities program.

Aside from the positive or negative effects that have been argued for each program, they built a constituency at the local level that now expects a role for the local community in the planning and delivery of human services.

- The insurrections of the 1960's, but more importantly the commonplace decay, festering, and abandonment that has characterized our contemporary urban life, has primarily affected the physical, social, and economic institutions at the local level. It is mayors, councilors, local civic leaders and professions, not presidents, congressmen, governors, or State officials who must daily decide on the appropriate strategy for enhancing the quality of life for community residents. Presidents, governors and others have responsibilities and roles in the quality of citizen lives, but it is the governance structures of public and voluntary local institutions that ultimately are viewed by the citizenry as responsible for schools, income, housing, recreation, and other such services.

These antecedents are one rationale, albeit a weak one, for local government involvement in human service coordination efforts. There are several other rationales that address the themes of improved services to clients and improved administration. These themes, however, will not secure and solidify the degree of support that is required to institute coordinated human services. What is needed to turn the trick is a set of fiscal incentives.

FISCAL INCENTIVES

Although it most assuredly will not cost less, coordinated service systems can maximize existing monies and have the potential for reducing the tax burden. There are several strategies which have been applied, all of which offer fiscal incentives to participating governments and agencies.

The first has its basis in the resource inventory discussed earlier. A careful review of the services provided, the types of individuals being served, and the source of funding for those services will most likely highlight some areas for potential resource maximization. The range of dollars available to pay for a given service can be quite large, depending upon the individual's income level, and the presence or absence of a particular disability. It would behoove the fiscally conscious planner to identify all the potential dollars--generally called entitlements--that a particular service or program could tap into. As an extreme example, consider an unemployed widow with a physically handicapped teenager and a pre-schooler. On the surface, it appears that this family's service needs will be costly and primarily borne by the budgets of one or two agencies. Besides the obvious entitlements of AFDC, special education, and day care (through Title XX), a closer look would reveal other sources of revenue--entitlements--which could help to offset the local and State funds. These entitlements would include Title XIX (Medicaid), SSI-DC (assistance to disabled children), vocational rehabilitation services (90 percent federal reimbursement), and Title IV-B (work-related day care). Granted, utilizing these entitlements may appear to be a case of robbing Peter to pay Paul. But in fact it allows for resource maximization, for many of the available entitlements are

reimbursed at greater than fifty cents on the dollar. By maximizing one's dollars, there will be more local and State resources available for those individuals in need of services who do not qualify for these entitlements.

Federal entitlements are by no means the only way to maximize dollars--third party insurers and direct consumer payments should also be maximized. The development and institution of sliding fee scales is a mechanism to encourage the latter.

A fiscal incentive that localities can provide the State occurs with Title XX matching funds. As Title XX services are 75 percent reimbursable, States have to pay for the balance out of general revenues. Local governments could donate the 25 percent--put up the match--and receive the Federal share of 75 percent to fund services in the community. In at least one case, this process was partially reversed. In Utah, the State funded county governments with Title XX discretionary funds to conduct human service planning and coordination activities at the local level.

Another incentive that can be offered to localities could come from the Federal government. Local governments could be allowed to tap into a certain percent of the indirect costs of all Federal programs flowing into their jurisdictions. These funds could then be used by local governments to hire planners, thereby allowing the localities to participate effectively in program planning and in promoting coordination among Federal programs and related State, local, and private efforts.

Yet another example of a fiscal incentive is on the drawing boards in Massachusetts. The Commonwealth, in order to increase the number of communities where group homes and halfway houses can be established, has drafted legislation which would provide payments in lieu of taxes to those cities and towns who establish community residences in their communities.

Finally, there are a few mechanisms which can be applied which offer other benefits to both local and State officials.

OTHER BENEFITS

A-95 is not a highway--it is a review process that has the potential to be much more. It can be an information mechanism, a planning and coordination tool, and a facilitator of intergovernmental coordination. Local governments could effectively employ this review and comment process to make State and Federal agencies more responsive to the needs and wishes of local governments and their constituents.

Another benefit, accrued by State officials, comes from the activities of regional or county planning commissions. State agencies usually do not have the capacity or the resources to conduct population-based need assessments. Sub-state planning commissions, however, do have the capacity and are in an excellent position to provide State agencies with need assessment and other useful data which can be used to promote intergovernmental coordination efforts.

THE COORDINATED NETWORK

Once key officials have been sold on the idea of coordinating human services, their support and backing gained, and the prestige and visibility of their offices used to forge links with outside providers and public sector agencies, you will have established a strong base towards the objective of a coordinated network of human services. The barriers are many, but so are the potential benefits. It is not an easy objective to reach, but there are enough success stories to make it tangible and realizable.

SERVICE COORDINATION:
AN INTRODUCTION TO THE
LOUISVILLE/JEFFERSON COUNTY, KENTUCKY SYSTEM

CASE STUDY

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CASE STUDY

The term "human service delivery system" is commonly used to refer to the process by which governmental and private sources provide human services to the public. However, the delivery of human services is in no way systematic; it lacks the main attributes of a system. In most areas, service provision occurs WITHOUT:

- a unifying purpose
- a rational organization of parts with clearly delineated responsibility of specified members for attaining the general purpose
- a governing mechanism to direct activities of the parts toward attaining the purpose and to be held accountable to the general public
- effective lines of communication or an established method for keeping members of the system informed of the activities of other members.

As a result of this lack of system, the delivery of human services has been basically irrational and inefficient, with a great deal of duplication of effort, and with the various agencies often working at cross-purposes. Consideration has rarely been given to the total needs of the community, and funds have been distributed as a response to pressure tactics used by resourceful advocates rather than as a response to documented need.

At the national level the federal government responded to the inefficiency of this "lack of system" by launching a number of initiatives to test and demonstrate mechanisms to improve planning and delivering human services. These efforts were carried out by local and state governments: model cities, service integration (SITO), local capacity building, etc. Many local governments including Louisville/Jefferson County participated in these efforts to develop improved management systems in order to more rationally allocate local resources.

Major changes began occurring in intergovernmental relationships as a result of a prevailing view that human services should be developed around priorities and standards designed to meet local needs. Although specifics such as the assignment of functions were still being studied, broad areas of authority and control shifted with the advent of revenue sharing or block grants--from the national to the local government level.

By the early 1970's, it was evident that the federal government intended to give state and local government increasing authority and responsibility for planning and providing human services. This was manifested most significantly in the Community Employment and Training Act, the Housing and Community Development Act, Title XX of the Social Security Act, and the ill-fated Allied Services Act. In each of these acts, there were specific planning and accountability requirements at the state and substate levels. In order for

state planning to be meaningful, effective management systems had to be established at the local level. In the field of human services, public service programs were frequently administered at the county level and, thus, the counties needed to play a significant role in meeting these new planning requirements.

Central to the success of this approach was the availability of the methodologies and technical tools required for planning, and the ability of planning mechanisms to take into account diverse view points in local communities and to reflect these views in the plans. This required a clear definition of role, responsibility and authority in those mechanisms established for planning.

The recasting of basic intergovernmental relationships within the federal structure intensified the need for sound policy planning and effective management tools at the local level. It followed that, as this decentralization of responsibility evolved, priorities previously set at the national level increasingly were established locally. Even with the existence of federal categorical programs and the increasing amount of private and nonfederal public funds going into human service, the need to improve methods for accountability and planning was becoming increasingly apparent. As this occurred, many local governments needed far better data systems, better policy analysis, better control systems than they had, and better governmental and organizational structure.

As in most communities in the seventies, in Louisville, most agencies were planning, programming and delivering services independently. Consequently, there was a lack of clearly delineated responsibility for the following essential functions:

(1) Seeing that the total needs of clients were being adequately met.

(2) Assessing the unmet needs of the community.

(3) Minimizing unnecessary duplication of effort in planning, programming and delivery.

Each agency considered itself responsible for only those services it provided. No one agency was held responsible for seeing that the service system as a whole performed in accordance with its capability in meeting the overall needs for service. Another consequence of this isolation and independence was the inordinate difficulty personnel from different agencies experienced in trying to discuss and coordinate their activities. Information about agency programs was often misinterpreted by personnel from other agencies, and it was soon discovered that there was a complete lack of agreement over the meaning of the most basic terms used to describe the different types of service. Obviously, this handicap to communication and cooperation would continue to frustrate any coordination attempt until a common service language could be devised and agreed upon.

In addition to this general lack of orderly organization, the following specific inadequacies were found to exist in Louisville/Jefferson County:

(1) AGENCY WORKERS LACKED THE TIME AND THE TOOLS needed to systematically identify all of the problems related to the client's situation and to locate all the services available that could help him become self-sufficient.

(2) THE COMMUNITY LACKED A COMPREHENSIVE INVENTORY OF COMMUNITY RESOURCES based on a common service vocabulary. Some agencies had developed resource lists to aid workers in locating services in other agencies. However, these lists or directories were often compiled by using each agency's own way of referring to services, with the result that the worker was still uncertain about the content and appropriateness of a service for which he referred a client.

(3) WORKERS LACKED A QUICK AND EASY ACCESS DEVICE to help them make a selection from the array of services inventoried in the large resource directory where hundreds of sites offer a variety of services, and with numerous sites offering similar or identical services.

(4) AGENCY EXECUTIVES LACKED INFORMATION about utilization of services across agencies in order to make judgments relative to planning and management.

(5) ELECTED PUBLIC OFFICIALS LACKED INFORMATION about community needs, service utilization, allocation of human service dollars and cost effectiveness on which to make judgments relative to comprehensive community-wide planning.

(6) CITIZENS LACKED INFORMATION about what resources exist in their communities and how to go about obtaining services. The public usually did not hear about community resources unless the agencies themselves sent out publicity.

It was because of this pervasive dissatisfaction with "business as usual" that a group of agency executives and public officials came together to explore ways to provide for:

1) information on which to base decisions having community wide impact

2) inter-agency consultation about their mutual concerns

3) some forms of coordination that would provide linkage mechanisms to enable the multitude of agencies to cooperate effectively.

The Louisville/Jefferson County Group adopted the term "coordination" to characterize their joint activity, which is not to "integrate" ("to unite or make one") but to "coordinate" the work of agencies which remain separate and autonomous. Coordination, as it was operationalized in Louisville, was a process of facilitating the voluntary cooperation of agencies who jointly undertake a community-wide effort at improving the delivery of services by means of mutual sharing of information and decision-making.

In 1974, the group formalized the structure that had developed by incorporating to form the Human Services Coordination Alliance, which is a public non-profit corporation with a Board of Directors comprised of representatives of local public officials, planning agencies and service providers. This consortium has major responsibility for the planning and delivery of services which include education, manpower, health, housing, income maintenance, transportation, consumer protection, legal services, recreation and the social and rehabilitation services such as: delinquency prevention and control, services to the elderly, day care, family planning, etc.

The following page is a diagram of the conceptual model devised by HSCA staff to illustrate how coordination activities would involve interaction among service agencies, public officials, planners, citizens, etc. Note that the fully developed HSCA model consists of several components:

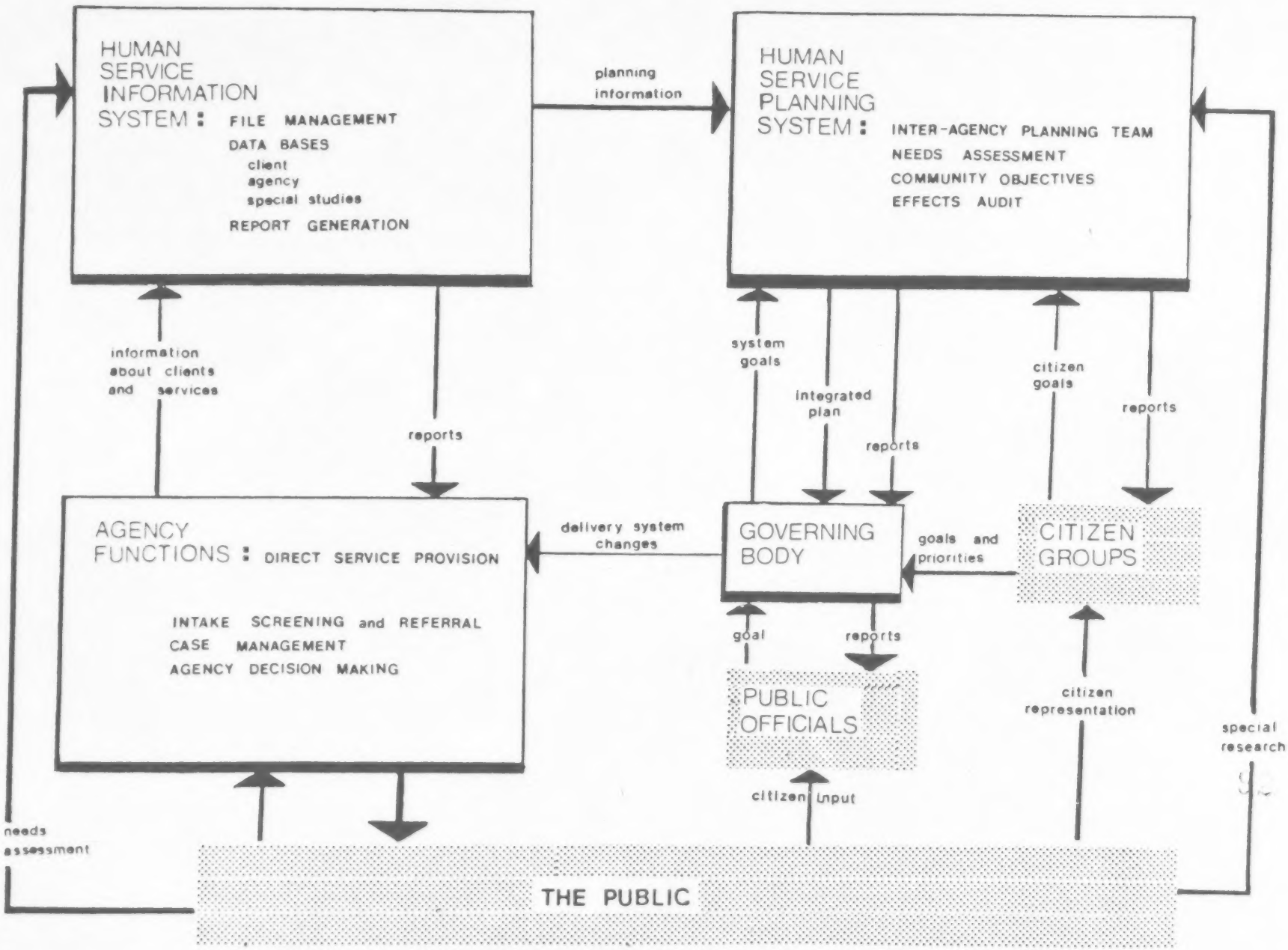
THE PUBLIC
CITIZEN GROUPS
PUBLIC OFFICIALS
GOVERNING BODY OF THE COORDINATION EFFORT
AGENCY FUNCTIONS
HUMAN SERVICE INFORMATION SYSTEM
HUMAN SERVICE PLANNING

THE PUBLIC - The foundation of the HSCA model consists of the people in the community, the ones for whose benefit the whole system exists. The public receives services from the agencies. Their needs are determined in several ways: directly by needs assessment studies and indirectly through their representatives in various CITIZEN ADVOCACY GROUPS and through PUBLIC OFFICIALS.

PUBLIC OFFICIALS have responsibility for the operation of the human service delivery system. They receive input from the public and take part in the setting of goals. They provide funds to the GOVERNING BODY of the Coordination Effort for projects aimed at responding to the expressed needs and opinions of the citizens. These officials, in turn, receive reports from the coordination staff which enable them to assess the needs of the community as well as the operation of the human service delivery system.

GOVERNING BODY - The coordination activities are the responsibility of an established board of directors made up of the administrators of public and private human service agencies and representatives of the main public officials. This body employs an executive director to actually oversee the daily operation of the coordination office and to direct the staff.

AGENCY FUNCTIONS - The main task of this component is to provide services to the public. Agency personnel also engage in intake, screening and referral, case management and agency decision-making. In the course of their work, they record information about clients, referrals and service provision on standardized forms and feedback cards, which are then sent to the Human Service Information System to be used as input to the data bases.


HUMAN SERVICE INFORMATION SYSTEM :
FILE MANAGEMENT
DATA BASES
client
agency
special studies
REPORT GENERATION
planning information
HUMAN SERVICE PLANNING SYSTEM :
INTER-AGENCY PLANNING TEAM
NEEDS ASSESSMENT
COMMUNITY OBJECTIVES
EFFECTS AUDIT
information about clients and services
reports
system goals
integrated plan
reports
citizen goals
reports
AGENCY FUNCTIONS : DIRECT SERVICE PROVISION
INTAKE SCREENING and REFERRAL
CASE MANAGEMENT
AGENCY DECISION MAKING
delivery system changes
GOVERNING BODY
goals and priorities
CITIZEN GROUPS
goal
reports
PUBLIC OFFICIALS
citizen representation
special research
citizen input
needs assessment
THE PUBLIC

THE HUMAN SERVICE INFORMATION SYSTEM is a computerized data processing system which handles thousands of pieces of information and receives data from a number of sources: operational data from the agencies (about clients, referrals and service provision) and secondary data, such as special studies, census, needs assessment surveys, etc. It compiles and stores data in order to generate reports to agency workers, supervisors and executives and to public officials and planners.

HUMAN SERVICE PLANNING is the mechanism which the governing body uses to coordinate interagency planning efforts so as to combine relatively scarce human service planning skills into a more effective planning process. It accomplishes this by developing specific products and procedures that assist agencies in their planning efforts (both intra- and interagency planning). This component produces reports which present in readable form the data needed for planning decisions.

The procedures and products developed at HSCA have benefited a wide range of groups. The products are used by the general public, community decision-makers and agency personnel in Louisville/Jefferson County as well as their counterparts in other communities which have implemented HSCA products or some aspect of the HSCA model of service coordination.

1. The General Public now has available:
   - -improved problem assessment capability via the use of the services selection tools provided to workers
   - -increased ability to receive appropriate referrals to services needed to resolve problems and increased probability of receiving the needed services
   - -assistance in planning, scheduling and obtaining needed services with the installation of case management procedures in selected agencies
   - -convenient access to information about services available through the use of special consumer guides directed at specific groups, such as the elderly
   - -a channel for expressing the consumer perspective on the referral process (see ROA) and on the service experience (see SOA)

2. Community decision-makers in general purpose government and agency executives now have:
   - -forum for discussing community needs, deciding priorities and planning joint strategies to achieve these priorities (HSCA Board of Directors and Inter-Agency Planning Team)
   - -technical assistance available to obtain, process and report data needed to support decision-making and to provide a comprehensive (and comprehensible) view of the human service delivery system
   - -ISR feedback reports to supervisors and agency executives to inform them of the utilization patterns at their agency and system-wide

When case accountability procedures have been installed, additional service provision data related to cost, time, services provided, etc. will be available.

3. Agency personnel now have available:
   -A comprehensive directory to the services provided in Jefferson County, with all the data needed to make an effective referral.
   -Access tools to this directory which include procedures for doing problem assessment.
   -A way of documenting service gaps
   -Feedback reports which indicate the outcome of the referrals each worker made

Case accountability procedures have been installed which provide agency personnel with:

-consolidated forms which minimize the duplication of paper work
-feedback reports on the actual provision of service to each client

Under this program, case managers are assigned specific responsibilities for doing a thorough assessment and comprehensive case planning in addition to tracking the client and monitoring service provision.

The assumptions and beliefs about human services that the initiators brought to the project have been confirmed by their years of experience with service coordination. These tenets deserve thoughtful consideration.

1. THE MAIN PREREQUISITE TO SERVICE COORDINATION IS A DISSATISFACTION WITH THE CURRENT SITUATION, or an awareness that current practices are ineffective and self-defeating. If the current arrangements are working to everyone's complete satisfaction, there would be no impetus to change, much less to undertake the work involved in a major coordination effort. However, general dissatisfaction that is not focused will not motivate people to take specific and deliberate steps to remedy the situation. There must be a felt need by agency executives that a concerted effort is required because past attempts at solutions were not sufficiently effective. There must be a conviction that coordination will improve the delivery of services.

2. MOST COMMUNITIES HAVE HAD SOME PREVIOUS EXPERIENCE WITH CERTAIN LIMITED FORMS OF COORDINATION, such as:

- coalition planning
- co-located services (i.e., the provision of several services by more than one agency at a single service center)
- case conferences
- organizational changes such as consolidation of human services agencies under umbrella arrangements or mergers of certain agencies along functional lines

These past experiences can provide the foundation for expanding to a more comprehensive approach.

3. INFORMATION IS POWER

- If more people knew about available resources, they could make use of them to resolve their problems and meet their needs.

- If decision makers and agency executives had comprehensive and standardized data, they could make decisions aimed at resolving community-wide problems, instead of making decisions using a limited "agency perspective."

- If workers knew what services were available, where and what the qualifications were, they could make references that would consistently result in clients being served.

- If clients were consulted more fully about describing their situation and if they could participate in the referral process, they would be more likely to obtain the services they need.

4. AN IMPROVEMENT IN COMMUNICATION AMONG AGENCIES PROVIDING SERVICE WILL RESULT IN AN IMMEDIATE IMPROVEMENT IN THE DELIVERY OF THOSE SERVICES CURRENTLY AVAILABLE AND WITH THE FUNDS CURRENTLY BEING ALLOCATED. Effective cooperation among those responsible for delivery of service depends upon how well-informed they are. Decision makers need to know what is happening in order to obviate wasted effort, duplication, and working at cross-purposes. They need a forum - an officially constituted meeting at which joint decisions can be formulated about the priorities and the strategies to achieve them.

5. THE BEST METHOD OF USE IN ACHIEVING A COMING TOGETHER OF THOSE RESPONSIBLE FOR THE PURPOSE OF INITIATING A COORDINATION EFFORT IS THE VOLUNTARY AND PARTICIPATORY METHOD which characterizes the political style traditionally associated with America: a cooperative venture of autonomous members voluntarily developing the procedures which will govern their activities. We believe that this method works best because there is a higher probability that the products and procedures that are developed in this way will actually be used.

6. THE BEST ORGANIZATIONAL STRUCTURE FOR OBTAINING BROAD REPRESENTATION WOULD BE A CONSORTIUM OF BOTH PUBLIC AND PRIVATE AGENCIES; to be effective this consortium must include representatives of all the major agencies.

7. USERS SHOULD BE INVOLVED AT EVERY STAGE OF THE DEVELOPMENT OF SERVICE COORDINATION TOOLS from making decisions about what products would be developed to the design and implementation of them.

8. AN INTERDISCIPLINARY STAFF WILL ASSURE A HIGHER QUALITY OF PRODUCTION. It is essential that the staff not be linked to one profession, but include a mix of professionals trained in a variety of fields who are capable of contributing their special expertise to making the final product more complete and available to a wider audience.

9. IT IS ESSENTIAL THAT AGENCY PERSONNEL PERCEIVE THE COORDINATION EFFORT AS "OUR" PROJECT. When the Coordination is considered a "homegrown" variety of service coordination (rather than the ideas of "others" which have been imposed), full cooperation is easier to obtain from those whose daily work is the activity that is being coordinated. Any use of we/they terminology by either the coordination staff or personnel at the agencies being coordinated can be considered a sign that the movement is being perceived as imposed rather than developed by the users.

10. AGENCY INVOLVEMENT CAN BE BUILT INTO THE COORDINATE ACTIVITIES by seeing to it that agency personnel:

- formally sanction any proposed work plans
- determine funding priorities
- serve on the project, for example, as in-kind contributions from their agencies
- do as much of the work as is technically feasible

Although a service coordination effort which actively involves agencies may result in slower technical progress than a mandated form of service integration, it is preferable in most cases since it is more likely to result in agencies thoroughly understanding and actually using the products and procedures that are developed.

11. ADVANCED TECHNOLOGY SHOULD BE PUT TO USE to resolve the information management problems of service delivery. Computers should be used whenever possible to assist in recording data, sorting data, and in issuing informative reports.

During the years 1972-1980, the HSCA staff was engaged in designing, developing and implementing the components of the HSCA model for service-coordination. They designed, developed and implemented tools and procedures, such as:

- a taxonomy of services
- a comprehensive directory to services
- an information and referral system
- case management
- client tracking
- a management information system
- a comprehensive human services plan and planning process

These linkage mechanisms allow for a careful documentation of human need in the community; a joint determination and acceptance of local priorities and goals; a unified strategy to address documented needs; integrated information systems to enable feedback on whether services are being provided and utilized where the need exists; and a common monitoring and evaluation methodology to assure that these services are being provided effectively, with the greatest efficiency.

1. Taxonomy of Services

The Louisville Taxonomy consists of 538 service definitions grouped into 19 problem areas. Each service definition has four elements: a service description, a consumer unit of service, a service product and a service objective. The definitions are mutually exclusive; each describes a specific core activity and can be aggregated into more general program areas or equated to other service definitions or languages such as Title XX services, UWASIS, etc.

The taxonomy serves as a common language for service providers when making referrals, for case management, for compiling the community resource inventory and for reporting referral outcome and service provision. In management and planning, the standardized service definitions are used for comparative analyses across agencies and organizations. Community-wide patterns of supply of and demand for services, distribution of resources and the existence of service gaps can be determined.

The use of a common language is a keystone in service coordination. In Louisville, the taxonomy has become institutionalized as a means to strengthen interagency communications and external relationships. It mitigates professional jargon and insularity and facilitates transmission of data and information among workers, agencies and funding sources.

2. Community Resources Inventory

Information about agencies and services has been collected and entered into an automated agency data base which is one component of the management information system. General agency characteristics are obtained: data pertaining to accessibility and availability of service such as usual hours of operation, fees, proximity to transportation, handicapped accommodations, etc., is collected. In addition, for each service, information is acquired about budget, staff, service products eligibility requirements, etc.

The agency data base provides information about resources in Jefferson County and/or specified neighborhoods, and addresses such questions as:

- the availability and amount of services in a specified geographic area
- the accessibility of services to those who need them
- existing responses to selected social conditions

The agency data base is an invaluable asset for planning and delivery. From this source, the following documents are generated:

- Delivery system documents
  - An agency resource file published annually and used by over 600 workers in private and public agencies for information and referral, and by case managers. A special youth service directory was prepared for CETA.

  - Four consumer guides have been published for specific target populations; e.g., older persons, women, families and disabled citizens.

- Planning and Management Documents
  - An analysis of CETA special projects was completed which indicated the distribution of dollars, the types of services funded and the client population which was targeted. The CETA advisory council used this document for decisions regarding allocations.

  - A trend analysis was published showing a 20% increase in human service sites since 1974, a significant movement toward decentralization of locations of services, and a decrease in special transportation services. Of all types of agencies, the number of day-care centers fluctuates more, annually, than other service agencies.

- A Title XX planning document was prepared for the Kentucky Department for Human Resources which reported the extent of Title XX service provision in Jefferson County by purchase of service and noncontract agencies. Each service listed in the state plan was examined in order to ascertain geographic location of service, numbers served and service provider by funding source.

3. Intake and Referral

An automated Information and Referral System has been operational in Jefferson County, Kentucky since 1974. The HSCA-I & R System is used by a network of public and voluntary agencies. Agencies using the system include those responsible for income maintenance, juvenile delinquency prevention, social services, mental health and employment services.

The I & R System consists of a service selection process to identify services needed by the client and a comprehensive inventory of community resources to facilitate better client-to-agency match. Every referral is documented on a common referral form used by all agencies of the network. The referral form serves as an appointment reminder for the client, a record of the referral for the initiating agency, an introduction to the client for the receiving agency and a data input document for HSCA. Referral response cards (feedback) accompanying the referral form to the receiving agency are filled out by the worker providing service and are returned to HSCA to document referral completion and service provision.

4. Case Management

HSCA designed and developed a Case Accountability System which includes four components:

- Case Management: The assignment of responsibility for service provision to human service workers who will have the capability to develop service plans, negotiate service slots and follow-up on service provision to clients receiving services at one or more agencies.

- Service Provision Reporting System: The reporting of service transactions at community agencies into a shared information system which will generate a variety of reports to support case management at the worker level and agency management and reporting of agencies to funding sources.

- Cost Accounting: The assignment of dollar costs to service units (transactions) in support of agency management and planning decision-making and reporting needs.

- Client Assessment of Service Provision: The systematic collection and analysis of information from clients about the quality of services they receive.

Under this system, all levels of service delivery are assisted:

CLIENTS are provided with an advocate and counselor who is well-informed about available services and the characteristics of local agencies, and who takes a professional interest in seeing that every client gets his entitlements.

HUMAN SERVICE WORKERS receive assistance from case managers in meeting the needs of households with multiple problems. Workers who are designated case managers are provided with tools and procedures to assess the client's needs and prepare a plan for comprehensive series of services that take into consideration all aspects of the client's situation and that includes services for other members of the household involved in and affected by the client's situation or problem. Case management forms help workers maintain accurate information about the client's progress and about the outcomes of the services provided.

AGENCY EXECUTIVES are provided with a way of making sure that the needs of clients entering their agencies are actually being met. In addition, agencies are assisted in defining interagency responsibilities for clients served by more than one agency.

5. Client Tracking

Because of the nature of the Louisville Model and the governance body's policies related to privacy, confidentiality and security of information, it is important to note the difference in HSCA's client tracking system and the type of client tracking that results in client dossier building. Client tracking is accomplished by the feedback reports for two subsystems of the management information system (HSIS): the intake, screening and referral subsystem and the service provision report in the case management subsystem.

Source documents capture a client's problem statement, goals (service objective), service request, referral outcome and, if case-managed, unit of service, cost amount of service provision and service outcome. Information is kept from the point of client entry to eligibility determination for ISR clients and from entry to case closure on case-managed clients. The client is tracked for a time-limited period only; once the referral or case-managed service is terminated, individually identifiable data elements about clients are deleted and the remaining case data enters an historic file used for planning purposes. The system was deliberately designed in this fashion at the direction of the governance board and the 581 public and private agencies who report on service provision. A cumulative record on an identifiable family or client is not kept from one year to the next for several reasons: (1) keeping files "active" and building dossiers was deemed to be an unwarranted invasion of privacy; (2) cumulative recording is of questionable value to professionals; and (3) maintaining massive cumulative automated files is not cost effective.

6. Management Information System

The Human Services Information System (HSIS) of the Alliance operates in an IBM 370 OS/VS2 environment. The state-owned computer is located in Frankfort, Kentucky, and the Alliance has a remote job entry terminal, a video cluster for data entry and a TSO for production and maintenance of programs located in Louisville.

The primary operational files are written in COBOL; HSCA uses SPSS, Quick Qwery and MARK IV to extract special analyses of the data resident in HSIS for special analysis.

The HSIS consists of a number of components: operational data collected routinely and maintained by HSCA or member agencies in the usual course of business which contain data on clients of the agency and services provided; and ad hoc studies conducted for a particular purpose one time only or repeated at regular intervals. The following files are in the HSIS:

- primary operational files
  - client data derived from client referral information forms, family profiles and case plans
  - client evaluation data derived from referral and service outcome assessment questionnaires
  - feedback data from referral outcome reports and service transaction forms.
- secondary operational files
  - magnetic tapes have been acquired from key human service agencies in the community which capture case information for those agencies. Currently, vital statistics, health data, food stamps, income assistance grants, juvenile delinquency data, unemployment insurance, Employment Services Applicant Registration System, school census data and police department offense file are incorporated in the management information system.
- primary ad hoc file
  - 1970 Census tapes
  - 1975, '76 and '77 Polk tapes
  - 1976 Needs Assessment of Older Persons
  - 1976 Housing Survey for specified geographic area
  - 1976 Youth Needs Assessment
  - 1976 Survey on Income and Education
  - 1978 Client Financial Assistance Survey

From the primary operational file, monthly computer-generated management reports are distributed to workers and executive directors of participating agencies which provide information about outcomes of the services provided.

Special reports have been produced for specific agencies to assist in planning and management decisions. Responses to requests for information vary from simple queries such as that from the Health System Agency for a printout on Cause of Death by Age by County of Residence, to an elaborate Small Area Analysis which examined social conditions and existing services for a particular inner city neighborhood.

The management information system is constantly expanding. It now provides information about existing resources, client characteristics and service outcomes.

7. The Comprehensive Human Services Plan

Member agencies of the Alliance participated in the creation of a planning framework which served as a point of reference for developing the plan of action. It became the baseline for comparing what is (existing services, budget, etc.) with what is intended (proposed services and allocations).

The planning framework represents the relationships among prevalent social conditions, community goals and objectives, strategies for attaining the objectives and current resources allocated to those strategies. The complexity of the framework can be depicted by the multiplicity of the factors involved:

- eighty-one social problems were documented by information extracted from the Metropolitan Data System. These problems were given a ranking from 1 through 70, and matched to community objectives and strategies.

- the seven major goal areas consisted of 53 objectives and over 200 strategies or human service interventions. Agencies, services and budgets were assigned to each strategy. Over 400 unique services were so designed.

The Comprehensive Human Services Delivery Plan for Louisville/Jefferson County consists of the collective agreement on the recommendations which resulted from the analysis of the planning framework and the implementation of those recommendations by the agencies participating in the consortium. The shared community objectives and human service interventions impact each individual agency plan. The plan was the culmination of a joint policy planning process based on a mediated governance model. This model requires participation of the key agencies in the design of interagency planning; and consensus at each step of the development of the process. The approach was structured to build agency planning capabilities through the participation of their planners in the research and design of this process, and in the development of the various tools for human services planning--and to build in commitment to the comprehensive human service plan which recognizes the constraints, uniqueness and differences of agency planning and builds around this.

The governance body which has the responsibility of overseeing the work of the Alliance is a unique consortium of elected officials and public and voluntary organizations representing a wide range of human services. It is important to emphasize this fact because all the linkage mechanisms which were developed depended on the goodwill and voluntary cooperation of members of the Alliance. The key to successful implementation was to understand the natural tension between two countervailing forces: the need for organizational survival and the need for organizational collaboration on behalf of mutual clients. We as service providers must recognize the dangers of attempting to address human needs in a random and uncoordinated manner, especially when a variety of those human needs are often experienced by the same individuals. Contradictory strategies, duplicated efforts and superficial effects cannot continue to be supported at the expense of other valuable programs and services which may need funds to expand or continue.

Without the ability to coordinate and/or integrate the planning and delivery of human services, local public and private agencies can only continue to experience frustration in delivering human services that appear to have limited effects.

BALTIMORE BLUEPRINT
ANNUAL REPORT, 1979

CASE STUDY

Quentin Lawson
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CASE STUDY

I. SUMMARY

The Baltimore Blueprint is an intensive, intergovernmental effort to identify practical reforms in the delivery of human services in the City of Baltimore and to test those reforms in a neighborhood of the City. The project focuses on reforms in a wide range of human service programs. Rather than looking at issues of organization and administration, the project begins by examining the relationship between the front-line worker and the client.

The primary purpose is to identify ways to improve the effectiveness of the practitioner (counselor, social worker, income maintenance worker, teacher, probation officer, nurse) in meeting the needs of citizens. Reforms in Federal, State, and City administration, organization, and support are being considered where they have direct relevance to the practitioner's immediate responsibilities. Improving service at the delivery level is likely to require changes at all levels.

Funded by and organized under the auspices of the City of Baltimore, the State of Maryland, and the Federal Government, the Blueprint project was charged on December 19, 1978, in a Memorandum of Agreement signed by the Mayor, the Governor, and the Under Secretary of HEW to institute reform in the delivery of human services in a target neighborhood of 40,000 people in southwest Baltimore. The three levels of government further agreed to consider those variations from existing practices or regulations which would promote achievement of the project objectives.

In this first year of operation, Baltimore Blueprint's objectives were to:

(1) Hire a full staff;
(2) Establish seven policy teams;
(3) Begin policy team operations of identifying and validating service delivery problems at the service facilities, and developing and initiating implementation of reform plans;
(4) Establish a citizen participation mechanism;
(5) Establish a technical advisory team; and,
(6) Establish a project evaluation process.

How these objectives have been met are explained in the sections that follow. Of particular note are the summaries of each policy team's progress, contained in section III of this report.

II. STAFFING

During the first few months of the project, considerable time and energy was devoted to the recruitment of individuals possessing the skills and experience necessary to match the demanding job performance needs of the Baltimore Blueprint project. Those efforts produced the following staffing pattern:

Executive Director	Thomas P. Coyle
Deputy Director	Jean P. Boone
Executive Assistant	Lloyd A. Anderson
Research Manager	Eugene A. Pometto, Jr.
Office Manager	Armeta Dixon
Secretaries	Kathleen Dobropolski Saundra Grice
Education Policy Team Coordinator	Lynda Burton
Health Policy Team Coordinator	Roberta Milman
Social Services Policy Team Coordinator	Linda Gowie
Juvenile Justice Policy Team Coordinator	K.C. Burton
Employment/Training Policy Team Coordinator	Laurence Rosenfeld
Income Maintenance Policy Team Coordinator	Anita Marshall
Housing Policy Team Coordinator	Brenda Davies
State Liaison	Patricia Murphy
City Liaison	David Causton
Federal Liaisons	Terry Bergman Robert Raymond
Neighborhood Assistant-Education	Teresa Bailey
Neighborhood Assistant-Juvenile Justice	Thomas Bethea
Neighborhood Assistant-Employment/Training	Josetta Wade
Neighborhood Assistant-Housing	Martha Jackson

The staff is still expanding. Interviews are being conducted to hire Neighborhood Assistants for the Health, Social Services, and Income Maintenance Policy Teams. Further, necessary paperwork is being completed by the Baltimore City Health Department to employ an additional secretary.

III. POLICY TEAM OPERATIONS

A. OVERVIEW

The mechanism created by Baltimore Blueprint to generate changes is the Policy Team. Seven of them organized to address the issues of Education, Employment and Training, Health/Mental Health, Housing and Community Development, Income Maintenance, Juvenile Justice, and Social Services.

The Policy Teams are made up of representatives of local, state, and federal agencies in line and administrative capacities together with members of the community. The very people who both supervise and operate the programs and are served by them are responsible for identifying trouble spots at the point of delivery and for taking steps to remedy them precisely where they take place.

The strength of the Baltimore Blueprint process is this ability to mirror in the Policy Teams the complexity of the human services structure that the project is intent on reforming, to take hold of that complexity and work with it, to find out what is wrong and where, and to provide the answers right there.

Guidelines have been developed for the Policy Teams to follow in their identification of trouble spots and remedies. The Baltimore Blueprint criteria for selecting and evaluating problems are as follows:

(1) Does this problem impact on a large number of recipients of service?

(2) Can this problem be resolved within this service delivery system with available resources?

(3) Can problem resolutions (reforms) be planned, negotiated and implemented within a short time framework?

(4) Will problem resolution (reform) impact immediately on reducing barriers to effective service delivery?

(5) Will problem resolution (reform) improve client/worker relations?

The following sections (III.B through III. H.) describe the progress of each Policy Team.

B. EDUCATION

The Education Policy Team met for the first time on July 13, 1979. During the prior two months the Policy Team Coordinator had interviewed over 100 persons at all levels in the education system. This effort produced a list of service delivery problems, and a roster of potential policy team members.

The selected policy team members represent: The United States Office of Education in areas of Title I, Vocational Education, and Special Education; The State Superintendent's Office as well as the State Compensatory Education Division; The Baltimore City Public Schools Superintendent's Office; teachers and principals from target area schools; and parents and citizens from the community.

The team has chosen to work in the area of staff development for school change. To implement this, the team chose Steuart Hill Elementary, Diggs-Johnson Junior High, and Southwestern High Schools in which to conduct assessments of total school needs using observations, questionnaires and interviews with staff, parents, and students.

Based on the assessment of total school needs at Steuart Hill Elementary School, the Policy Team in conjunction with the school staff is designing interventions for the following specific problem areas:

(1) Student placement in special education and programs
(2) Parent involvement in education
(3) School measurement and technical support
(4) School grounds and physical plant

Based on the assessment of total school needs at Diggs Johnson Junior High School, the Policy Team is also working with their staff to develop interventions for the following specific problem areas:

(1) School atmosphere/discipline
(2) School supplies, equipment, physical plant
(3) Student placement in special education and programs
(4) Parent involvement in education

Additionally, this Policy Team is presently conducting an assessment of total school needs at Southwestern Senior High, with identification of interventions to follow.

C. SOCIAL SERVICES POLICY TEAM

The Social Services Policy Team held its first meeting August 16, 1979. During the 2½ months prior to that date the Social Services Policy Team Coordinator conducted interviews with clients, practitioners, local department supervisory, management and administrative staff, Social Services Administration staff, and designated resource staff at the Department of Human Resources and the Department of Health, Education, and Welfare. The interviews produced a list of service delivery problems for the team's analysis, as well as the identification and commitment of team members.

The team is currently composed of five citizens (including two representatives from Welfare Rights Organization); three Service Workers; a Service Supervisor; a Personnel Coordinator; a Protective Service Supervisor; the Chief of Protective Services; the Acting Director for Family and Children's Services; the Deputy Director of the Social Services Administration; the State liaison to Baltimore Blueprint from the Department of Human Resources; the acting Chief on Intergovernmental Planning and Coordination; an administrator from the National Center for Child Abuse and Neglect; and a Policy Analyst from the Administration for Public Service.

To date the Social Services Policy Team has identified three problem areas to address for reform development:

(1) Staffing shortage at Clarence Bishop and Federal Hill Centers;
(2) Inadequate and inappropriate physical space in which to serve clients; and,
(3) Inefficient and ineffective intake process for timely and appropriate identification and placement of client needs.

The reforms to address these three identified problem areas have been developed in the following ways:

Problem I - The Social Services Policy Team negotiated with and obtained the agreement of the Baltimore City Department of Social Services to not reduce the staff complements at Clarence Bishop and Federal Hill Centers, as is being done at Department of Social Services Centers city-wide.

Problem II - The Clarence Bishop Center will be moving to new facilities. The Social Services Policy Team has sought to ensure that adequate physical space and amenities are included in the new center so that clients are served in a decent and humane setting. A team sub-committee has communicated recommendations for the renovated facility to the local Department of Social Services administration and will be involved in the actual planning of the center.

Problem III - A team sub-committee has conducted staff and client interviews and observations in Clarence Bishop and Federal Hill Centers. Planning is now underway to introduce a revised intake screening process that will assure that clients are directed to the appropriate service program resources. In conjunction with this, the staffs from both centers will participate in a training program that will focus on improving their interviewing skills and increasing their knowledge of policies for all service programs. Staff from both centers in conjunction with the Social Services Policy Team sub-committee will identify how to measure the changes that result from the reform.

D. HEALTH AND MENTAL HEALTH

The Health/Mental Health Policy Team was established on July 19, 1979, after two months of staff work interviewing providers, consumers and government officials to determine health services delivery problems and to identify possible team members. The team was designed to cut across three systems - health, mental health, and addictions - and to reflect the various types of health facilities and programs in the target area. It is thus composed of representatives of the following: primary care centers, hospitals, mental health centers, children and youth programs, alcoholism programs, drug abuse programs, Baltimore City Health Department clinics, the city, state, and federal government and the community.

The team has focused on helping a primary care center strengthen its capacity to identify and serve clients who have or are at risk of developing alcohol-related problems by:

(1) Devising and implementing a program to train staff to recognize the physical and behavioral manifestations of alcohol abuse and to work with clients displaying them;

(2) Developing a prevention/support program for children in families in which there is alcohol abuse;

(3) Providing services for teenaged alcohol abusers; and,

(4) Serving as an alcohol abuse resource for a local school

To date, the staff training program has been developed, with help from the state Alcoholism Control Administration and Office of Education and Training and was implemented on March 19. Negotiations are underway to have a youth counselor from the reconstituted Baltimore City Youth Alcoholism Program provide services within the primary care center. In addition, the State Office of Education and Training had agreed to train five target area youth as peer counselors in summer recreation programs as part of its summer residential training program in June.

E. JUVENILE JUSTICE POLICY TEAM

The Juvenile Justice Policy Team's first meeting was on August 28, 1979. For the two months prior the Team Coordinator's task had been to interview citizens, lineworkers, administrators, and analysts of the juvenile justice system in order to identify the service delivery problems and to identify possible policy team members.

Persons selected as members of the Juvenile Justice Policy Team include: two officers from the Youth Division of the Police Department; the Chief of Juvenile Division Operations from the State's Attorney's Office; the Supervisor of Juvenile Division from the Public Defender's Office; a Project Director and a Project Assistant Director from Juvenile Diversion Projects; a Juvenile Justice Specialist from the Governor's Commission on Law Enforcement; the Deputy Director, a Network Specialist, a Community Programs Specialist, a Regional Supervisor, a line unit Supervisor, and two line Caseworkers from the Maryland Juvenile Services Administration; the Acting Director of the Mayor's Coordinating Council on Justice; an administrator of the United States Department of Health, Education, and Welfare Youth Development Bureau; and three citizens from the neighborhood.

The early Policy Team focus centered upon accountability problems as they manifest themselves throughout the juvenile justice system. The team carefully charted and reviewed each step in the case flow process. Two reforms have been generated from this effort:

(1) In order to facilitate court efforts, the wording of warrants is being made more directive; and

(2) In order to enhance the dispositional decision-making of Juvenile Court hearing officers, information as to whether or not the youth has been involved in a special detention project will be included in reports going to the hearing officers in advance of dispositional hearings.

Besides monitoring the results of these reforms, the Juvenile Justice Policy Team is currently structuring two additional reforms. One concerns the need for each Public Defender client and the Public Defender Attorney to see one another much sooner than the date of the client's initial court hearing. The second is concerned with ensuring that the victims of juvenile offenses receive adequate information services prior to appearing at court. It is projected that Juvenile Justice Policy Team will begin initiating

reform implementation steps around these two issues before the end of March, 1980, and, thereafter, begin assessing new problems.

F. EMPLOYMENT AND TRAINING POLICY TEAM

The employment and Training Policy Team held its first meeting on September 26, 1979. Prior to this date, the Team Coordinator conducted interviews with clients, lineworkers, supervisors and administrators of the employment and training system over a two month period, which resulted in a list of service delivery problems and the selection of individuals at the Federal, State, and City levels to serve as members of the team to study these problems and to recommend possible reforms.

The team is composed of three federal representatives of the Employment and Training Administration, two representatives of the state and local Employment Service, three representatives of the Work Incentive Program, four individuals representing the Comprehensive Employment and Training Act prime sponsor (the Mayor's Office of Manpower Resources), and five community people who have used the manpower services in Baltimore.

Through a concensus approach the team selected several problem areas on which to focus their initial attention:

(1) Worker Burnout
(2) Client Recycling
(3) Inappropriate Job Referral
(4) Appropriateness of Established Training Programs
(5) Paperwork and Reporting Systems

The team then chose the Paperwork and Reporting Systems problems that relate to service delivery as its first area for validation. Team members have been validating this problem by examining individual employment and training facilities that serve the Blueprint target neighborhood.

Currently the team is analyzing the data from their studies and beginning to structure reform suggestions.

G. HOUSING AND COMMUNITY DEVELOPMENT POLICY TEAM

The Housing and Community Development Policy Team met for the first time on November 28, 1979. During the two months prior to this, the Team Coordinator interviewed people involved in the housing system at every level in order to identify problem areas in the housing system and to select persons for membership on the Policy Team.

The Housing and Community Development team is comprised of representatives from the United States Department of Housing and Urban Development, the state Department of Economic and Community Development, the Baltimore City Department of Housing and Community Development, the Urban Services Agency and five citizens from the Blueprint area.

In its early meetings the team examined problems elicited from interviews with persons involved in the housing system to determine which met the Blueprint criteria. This process resulted in the selection of two problem areas - Code Enforcement problems and Vacant House problems. A

joint meeting with the Citizens' Council verified that these problem areas merit attention.

The team has divided into two groups to deal with the two problem areas. The Code Enforcement group has chosen to work on improving communication between the housing inspectional division and citizen complaints. The Vacant House group is considering studying ways of preventing abandonment. Implementation of specific reforms in these two problem areas is expected in April, 1980.

III. INCOME MAINTENANCE POLICY TEAM

The Income Maintenance Policy Team's first meeting was January 17, 1979. For the two months before this meeting, the Income Maintenance Policy Team Coordinator interviewed key persons in the United States Department of Health, Education, and Welfare, the Maryland Department of Human Resources, the Baltimore City Department of Social Services, the Income Maintenance Administration, and the Blueprint community in order to identify possible policy team members.

The Policy Team is comprised of selected representatives of: the regional and national offices of Health, Education, and Welfare: the Maryland Department of Human Resources; the Income Maintenance Administration; the local Department of Social Services; income maintenance case workers, supervisors, and administrators; advocacy groups; and citizens from the Blueprint target area.

Team members are working in the preliminary stage of validating and documenting three reform opportunities:

(1) Improving waiting room atmosphere;

(2) Improving timelines and accuracy of policy and program information to center personnel; and,

(3) Improving timelines of information to clients on policy and procedural changes that directly effect them.

Reform planning, to be followed by reform implementation, are the next steps in the Income Maintenance Policy Team's process.

IV. CITIZEN PARTICIPATION

Baltimore Blueprint has recognized that citizens' active participation in identifying social problems in the target neighborhood and in making recommendations as to how to solve those problems is critical to the success of Baltimore Blueprint.

To achieve this serious level of citizen involvement, Baltimore Blueprint developed a citizen participation strategy with these objectives:

(1) Establish a Citizens' Council
(2) Create a mechanism for citizens' input on Policy Teams
(3) Hire Community Assistants

The successful meeting of these objectives during this year began with a series of meetings held with identified community leaders in June and July. Through these meetings, the Citizens' Council was formed to look at the overall Blueprint program, including problems, issues, and solutions which cut across the divisions of the Policy Teams.

The membership of the Citizens' Council is comprised of over fifteen representatives of major area citizen organizations. The Council has drafted its charter and elected officers; Rev. Robert Brookman presides over the Council and sits on the Blueprint Board of Directors.

The second objective was met with the commitment to have three to five citizens sit as full, participating members of the most intimate and intensive work level of Baltimore Blueprint - the Policy Team - and work with the other members of the Policy Team to identify problems and develop solutions and reforms. In order to structurally link the Policy Teams with the Citizens' Council, seven members of the Council also sit as citizen members of the Policy Team.

To achieve the third objective, a Neighborhood Assistant is joining each Policy Team to assist the team in its effort to communicate with the citizens' organizations of the area, and to bring necessary information back to the Policy Teams from the citizens and citizens' organizations of the area. The Assistants are employed by Baltimore Blueprint for approximately 20 hours per week.

For technical assistance with citizen involvement, a community consultant was hired in May, 1979, to work two days per week with Baltimore Blueprint. His role had been to assist in the development and implementation of the citizen participation strategy.

V. RESEARCH PANEL

The Baltimore Blueprint Research Panel was established to serve as the project's technical advisory team. The Panel is composed of six persons with substantial qualifications and experience in qualitative and quantitative social service research. The Panel has been meeting quarterly and has been available for phone consultation to advise and assist the project by:

(1) Helping the Policy Teams obtain and use relevant and current research findings and expertise related to the teams' deliberations;

(2) Tracking the research and analytic quality of Policy Team products; and,

(3) Setting appropriate standards and policies for evaluating the project and its effects.

VI. PROJECT EVALUATION

Baltimore Blueprint has sought the assistance of a contractor in designing and conducting an evaluation of the process used by Baltimore Blueprint to stimulate human services reform. The mechanism for this has

been the issuance of a Request for Proposal (RFP) for the evaluation of the Baltimore Blueprint process through the Division of Grant and Contract Operations of the Office of the Secretary of the United States Department of Health, Education, and Welfare.

INTERGOVERNMENTAL RELATIONS AND SOCIAL POLICY IN THE EIGHTIES

KEYNOTE ADDRESS

John Hansan, Ph.D., Executive Director
National Conference on Social Welfare
Washington, DC

KEYNOTE ADDRESS

Intergovernmental Relations and Social Policy in the Eighties

Thank you for the opportunity to address a plenary session of the First National Network-Building Conference sponsored by OHDS/HHS. I feel very comfortable in this distinguished group of government officials, public and voluntary agency administrators, and social planners. I have had the good fortune of being a social worker who had opportunities to manage a variety of public and voluntary agencies at the local, state, and national levels. Like some of you, I have experienced many different types of social planning efforts; and network building appears to be the most recent effort to introduce more rationality into our rather chaotic human service arena.

In the time I have I want to share with you two points I believe are essential for network building, now and in the future. The two issues I want to address are the importance of social values in determining the limits of our social policy activities, regardless of how well intentioned or rational they may be; and, second, to draw to your attention the unique characteristics of our federal-state system and how this relationship influences the financing, organization, and delivery of social welfare services.

Time does not permit a full elaboration of each of these points. However, their importance should not be underestimated as we seek improved means to achieve program coordination and more effective vertical and horizontal working relationships among levels of government and human service providers.

According to Robert Morris of Brandeis University, "The central character of American social policies has a direction and a continuity. It is shaped by a few basic attitudes or social norms shared by most citizens as well as by their public officials (Morris, p.19)." This societal policy is the sum total of laws, habits, mores, and practices.

Societal policy, according to Professor Morris, represents "The accumulation of values and normative standards which a society builds up over time.... They are an unwritten blend of what a people think their society ought to be, what they wish to do collectively for the good of all, and how they prefer to act to achieve such ends (Morris, p.16)." Today, there is a certain tension between these values and what our public officials perceive to be the will of the public.

In the area of public policies, Morris describes five societal values or preferences which implicitly guide the direction of our social welfare programs at the present time.

1. Preference for private or marketplace decision making --

This refers to our belief that the best solutions to problems come through the interaction of decisions made by individuals to suit their own needs; this value is represented in our preference for a free market economy, and the idea that individuals have control over their own lives and

can "pull up their own bootstraps." We prefer "muddling through" over centralized planning and we resist the creation of a large department of everything.

2. Belief in government aid to the weak and helpless --

But sometimes the marketplace does not serve all individuals' needs equally and there is a need for government to act on their behalf. We usually define weak and helpless to include the aged, orphans, the handicapped, and others in serious trouble not of their own making. One of the tensions we are experiencing is public concern about how much government is now doing for individuals and families who are not weak or helpless.

3. Continued belief in the saving virtues of work --

We believe that by hard work an individual can meet his/her needs. The vulnerable then are defined as those who are not able to work -- the elderly, the handicapped, the ill, etc. It is this preference which permits us to use large amounts of public funds to maintain employment and work training programs even during periods of high unemployment.

4. Continued optimistic view of progress through science --

We believe we can achieve a better world through science and technology. We act as though science/technology will solve our problems or abolish current difficulties. This leads to an attitude that some of our programs to solve social problems need only be planned for a short time. There is no felt need for long term solutions.

5. Preference for shared responsibility --

We much prefer shifting responsibility or distributing costs of government action to the farthest point possible. This is reflected in our idea of paying small insurance premiums to anticipate large costs. Or how we let the federal government do something with funds collected through the income tax rather than levy an increase in local taxes.

Though public policy is usually limited by these prevalent social norms, it does not follow that social norms do not change over time. They do -- but the change is usually very slow -- almost imperceptible -- more abrupt change only results from the effects of a catastrophe or social upheaval which reorders the society in some way. An example of such an event was the Great Depression of the 1930s when economy conditions changed the role of government and the public's attitude toward government intrusion into private decision making.

Early American settlers and succeeding waves of immigrants were, for the most part, fleeing from a central, unitary church, or a central unitary government. For these reasons, Americans long resisted the development of a strong central government and the intrusion of government into private actions. And when it was necessary to form a national government, the Constitution was written so as to prevent any one branch or level of government from becoming too powerful.

Americans have traditionally valued personal independence and the use of the marketplace as represented by "free enterprise," capitalism, and freedom from government regulation and control.

Our early American societal values about social welfare were heavily influenced by English traditions developed from Elizabethan poor laws and the virtue of work.

Elizabethan poor law classified the poor into different categories. The worthy poor included aged, orphans and handicapped, and the less worthy poor were the able-bodied unemployed, vagrants, and the like. Elizabethan poor law also established the principle of local communities taxing themselves to pay the costs of caring for the dependent who lived in their community.

The work ethic as we know it was developed as a necessary adjunct to the industrial revolution and the need to have a surplus of low cost labor. Work was assigned the quality of a moral virtue by Calvinism and the cumulative effects of teachings of philosophers such as Adam Smith, Thomas Malthus, and Hubert Spencer, whose ideas tended to denigrate the value of life, particularly those who were unable to contribute economically.

Prior to the Great Depression these societal values largely shaped the social welfare programming that developed in response to social need. Most communities were served by a number of religious and voluntary charities. Local government provided poor relief, emergency aid, shelters, hospitals and child welfare services. State government usually financed and operated prisons, mental hospitals, and similar institutions which were not needed by a single town or city. Prior to the Depression a number of states also initiated some types of mothers' pensions and old age pensions to help persons unable to work for wages.

The economic conditions resulting from the Great Depression of the 1930s caused large-scale unemployment and widespread poverty. Existing state and local programs of public relief and private charity proved inadequate to cope with the flood of requests for help created by economic conditions in the 1930s. Only the federal government had the resources necessary to assist state and local governments with the financial burden of public relief.

The Social Security Act of 1935 was designed to ensure some protection for all wage earners and their families against the loss of income due to retirement or temporary unemployment. To accomplish this, the Act authorized establishment of Unemployment Compensation and Old Age Insurance programs. Both of these programs were constructed on the assumption that the main source of family income was from wages and, therefore, when something happened to prevent the wage earner from working, there should be a level of income insured by the national government. In 1936, the program was expanded to include the disabled, and in 1939, protection was extended to survivors of a covered wage earner.

For those persons who were not then eligible, or likely to become eligible, for benefits under the wage-related social insurances, the Social Security Act also authorized federal financial participation in a new system of state administered public relief programs; the categories of assistance for which federal funds were authorized originally were: Old Age Assistance,

Aid to the Blind, and Aid to Dependent Children. Aid to the Permanently and Totally Disabled was authorized in 1950.

It should be noted the public assistance programs created in 1935 conformed to existing patterns of federal-state responsibility for human services. Under the law, the states were responsible for deciding whether or not to establish programs, setting the terms of eligibility and benefits paid. States also decided how to organize the relief programs and whether or not to involve city or county government in the administration or financing of the programs. The federal government agreed to pay a portion of the costs of benefits to clients and administrative costs incurred by the states.

This pattern of federal-state cooperation accounts for why -- even today -- there is so much difference among states in relation to the organization and benefits of AFDC and Medicaid. Over the years there have been a number of changes in the public assistance programs, but the essential character remains that of a state-federal partnership.

The next most significant era of change in federal-state relations occurred in 1964 when Congress passed the Economic Opportunity Act and the nation declared War on Poverty. This began an era of national social planning which significantly changed federal-state relations. The War on Poverty was possible because our nation was entering a period of unprecedented prosperity which created what Bob Harris at the Urban Institute has described as a "social profit" -- a surplus of federal revenues which could be used for social purposes. For the first time we were not constrained by scarce resources and it was possible to act on our good intentions of helping the disadvantaged.

A federal surplus developed from the revenues of a progressive income tax, low unemployment, high productivity, and a stable or slow-growing inflation factor. During this period the Congress and the Administration found it possible to enact yearly tax cuts and finance a whole host of social programs.

The means we used were social opportunity programs - not cash assistance. To a large extent this decision and the programs created reflects our societal value about why the poor are poor.

The Economic Opportunity Act of 1964 created CAP, VISTA, NYC, Job Corps, and many other programs. In 1965, the 89th Congress enacted ESEA, MDTA, OAA, Voc Rehab, Model Cities, Medicare, and Medicaid -- to name just a few of the Great Society programs. Through the Sixties this process continued, and larger and larger amounts of federal funds were directed at more and more social problems.

To obtain their fair share of these massive amounts of federal funds, state and local governments established new departments, commissions, and other types of administrative or supervisory agencies. Nearly always, these federal categorical grant programs provided funds after certain conditions were met. With few exceptions, state and local governments bought into the federal game, attracted by the prospect of favorable matching rates and the notion that participation would relieve them from having to use state or local funds to meet pressing social needs.

A side effect of accepting so much federal financing has been the proliferation of categorical service programs at the local level, programs that are largely outside the control of state and local public officials. Another result has been the unplanned commitment of large amount of state and local discretionary funds as local match, leaving state and local officials in the position of having to budget ever larger amounts of scarce resources to be the local match in programs over which they have little or no control.

In other words, for the past 15 years the power to plan and finance social programs has been almost exclusively at the national level. States and local communities have been enticed to go along by favorable matching rates and the prospect of large amounts of federal funds aiding their economy.

The ACIR report of 1978 described the Congressional role in this development when it reported:

> Yet, at bottom, Congress -- and the categorical grant system -- mirror the American political process as a whole, with its many points of access and power, its loosely structured political parties, its fluctuating sources of policy initiatives and leadership, its difficulty in sustaining a long-range planning effort, and its tendency to react to, and act upon, specific problems rather than move toward comprehensive national goals and explicit policy objectives.
>
> The problem of program numbers is not so much that of duplication and overlap, in the sense of two or more grants authorizing aid for identical activities, but excessive specificity, with clusters of several grants for servicing, planning, training, and demonstration in the same narrow program area. This applies particularly to project grants. Often a single social problem has been attacked from many directions, with programs distinguished by the particular activities they support, the clientele group they serve, the manner in which services are delivered, or the places on which they focus (ACIR, Summary and Conclusions, p.6).

The role of the federal agencies was critically assessed by the ACIR which stated:

> The attempts to improve coordination among programs have demonstrated that federal agencies have few incentives to standardize, simplify, or "target" their activities. Their primary concern (shared by most Congressional committees which oversee them, as well as most interest groups) is to be able to account for and make effective use of each specific grant program they administer (ACIR, p.6).

It is estimated there are approximately 450 federal categorical grant programs. For FY 1975 the ACIR reported that a total of $37.4 billion was channeled to state and local governments through these types of programs. The President's Reorganization Project in 1978 identified 100 different human service programs administered by ten federal agencies and costing $23.5 billion annually. The Reorganization Project identified 30 programs administered by seven different federal agencies in support of social services, which

the Reorganization Project defined as programs intended to assist individuals and families in meeting the needs of everyday living and to obtain access to other resources. For FY 1978, $9 billion in federal funds were provided for social services.

Most of us now recognize the existing system is either totally out of control or it is simply too complex to manage effectively. One way or another, we seek to find ways to provide essential human services more efficiently, more effectively, or at least with more public accountability. There has been layering of programs with little coordination. We have similar programs under different levels of government and we have various public funding streams supporting voluntary agency programs.

Allowing for variations which result from state law and local practices, it can be assumed nearly every local community in the United States has at least four distinct layers of human service programs. For the most part, these layers are not connected to other programs or delivery systems either vertically or horizontally.

These layers of services vary widely in relation to types of funding, organization, and political accountability. First, there are the more basic, and traditional, types of services represented by schools, employment services, social security offices, courts, child welfare services, and public welfare agencies. Next, there is a layer which includes voluntary health and welfare services financed by United Way, church groups, and other private sources. The third layer includes programs and activities developed since the War on Poverty: Headstart, senior centers, Meals on Wheels, legal services half-way houses, hot lines, and many others. The fourth layer consists of coordinating services which have grown up in response to the confusion and overlap displayed by the others. Representative of these are coordinated transportation services, information and referral services, special coalitions, and joint-funded projects primarily for new programs such as child abuse and services for pregnant teenagers.

In some of our larger cities and communities there is a fifth layer which can be described to include those community-based services such as CBOs, CDCs, and various types of neighborhood and self-help efforts.

These present arrangements need to be changed. Most would agree we need to find ways to rationalize the programs and services that exist. One way or another, we believe it is important to meet and discuss how we will be able to do more without the benefit of ever larger amounts of federal funds. Recent events and the statements of national policy makers have made it clear that the era of ever increasing federal funds -- the social profit factor -- has ended.

But -- and this is the major point I want to make -- if the period of unlimited federal funding has ended it also means there is an end to national, centralized planning which does not take into account the diversity of our states and local communities. If there are not sufficient federal funds to finance new social programs, then it will be necessary for national planners -- the Congress and the Administration -- to negotiate with or cooperate with state and local officials in planning and developing new social welfare initiatives.

The fact that there is no longer an excess of federal funds represents the end of an era. If this is so, we will begin to witness a shift in the distribution of power. The power of national planners will be reduced and there will be the potential to increase the power of state and local officials to influence the organization and delivery of human services. If national planners no longer have a blank check, it follows neither the Congress nor the Administration will be able to dictate to state and local officials and we should see more examples of cooperative ventures.

The challenge to state and local officials will center on their ability to take advantage of these new conditions. Will they be able to fill the void and move to make needed changes in existing human service arrangements? For example, will it be possible for state and local officials to establish program priorities -- perhaps resulting in the elimination of some low priority services? Will it be possible for state and local officials to move to reorganize some existing programs -- consolidating other programs, and developing centrally controlled and financed core services for others?

Those who are interested in and committed to improving the effectiveness of human service programs need to be ready to take advantage of new opportunities that arise. We need to be prepared to offer workable alternatives to what exists. We need to be prepared to be generalists and work for simplification of existing arrangements. In some instances, we may need to be advocates for the coordination and integration of others' special interests.

The Eighties could be a period of program consolidation and sorting out of program responsibility. It could be a period during which certain programs and functions, such as jobs, income maintenance and health care financing, are transferred entirely to the federal level of government. State and local levels of government could be given more discretion of authority over publicly funded services in the areas of mental health, housing, corrections, social services and services for special populations such as children, frail elderly and the physically and mentally handicapped.

A more rational division of responsibility for publicly funded human services would likely result in the federal government depending more on state government as the major point for distributing federal funds and being accountable for their use. Within the states, different arrangements would need to be worked out with the cities, counties and localities. It is very possible such arrangements would result in local government gaining more authority and control over available funds and targeting them to locally determined priorities designed to help individual families and neighborhoods cope with social problems.

Whether or not such improvements can be made in our existing human service system depends largely on the ability of human service providers and public officials at all levels of government to work together. Human services are too costly and too important to be the exclusive responsibility of any single group. We need to build a network of support which includes providers, public officials and the special population who need and use the services available . The Office of Human Development Services of HHS has taken a big step in the direction by giving priority to cross-cutting and coordination conferences such as this one.

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NONSERVICE APPROACHES AND SOCIAL WELFARE: AN OVERVIEW

CONCEPT PAPER

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PREFACE

This paper provides an overview of findings from research into the use of nonservice approaches to address social welfare problems. The study is exploring local government use of such approaches to address the concerns of the aged, children and families, the disabled and youth and is relating these approaches to emerging themes in human services. This report is based on a review of relevant literature and a survey of the large 37 cities and counties in the Urban Consortium. The research on which the report is based was funded through a grant to SRI International from the Office of Planning, Research and Evaluation, Office of Human Development Services in HHS.

The survey data reported were provided to SRI by member jurisdictions of the Urban Consortium (a program of applied research and technology transfer conducted by Public Technology, Inc.) and were collected from the 37 major cities and urban counties that make up the Urban Consortium.

Introduction

Local governments are increasingly recognizing that the direct provision of services by itself is an inadequate response to social welfare problems. Restrictions on availability of fiscal resources, the changing nature of social welfare needs, and developing views of how human service problems should be addressed have altered the way local governments approach social welfare problems. Consequently, public officials and those outside government are turning to nonservice approaches to social welfare problems--approaches that are based on using existing local governance powers in new ways.

Nonservice approaches can be defined as interventions that employ government regulation or deregulation, tax policy change, administrative reform, involvement of the private sector, promotion of self-help, or public advocacy to alter the behavior of the private (or quasi-public) sector markets through incentives to induce desired public outcomes. Nonservice approaches are distinct from approaches aimed primarily at the direct delivery of goods or services based on expenditure of public resources because they emphasize the power of local governments to govern rather than just to spend.

Nonservice approaches to social welfare problems derive from developments in a number of directions.

Broadly speaking, the impetus for nonservice approaches derives from the current fiscal distress facing many local governments. Economic conditions and taxpayer revolts have reduced the ability of many local governments to allocate resources to problem areas. In response to growing fiscal constraints, mayors and other public officials have increasingly

attempted to use new types of tools to improve social conditions in their communities and to create incentives for meeting community development, economic development and social welfare needs.

Nonservice approaches also are emerging from a new understanding of the impact of government policies. For instance, recent studies focusing upon the impact of Federal policies and programs on urban development and social welfare problems have consistently found that the "inadvertent" and "unintentional" aspects of Federal policy have hampered local government attempts to halt inner city neighborhood decline and meet the human service needs of residents.

Local governments have also improved their internal capacity to review policy options. City policy planning efforts have become more sophisticated in distinguishing among the different roles a city may elect to play in different areas, adopting direct service approaches sometimes and other times selecting indirect roles involving inducing other agencies or levels of government to take the lead, or participating in meeting program objectives. Finally, many community organizations have urged their local governments to experiment with new approaches to regulation (e.g., utility rate setting), tax policy change (e.g., tax deferral), and self-help (e.g., neighborhood crime watch).

Emerging Themes

More specifically, a number of developments are occurring in the human service area which affect the way in which local governments meet social welfare needs. It has become increasingly clear that the model of professional service delivery by itself is an inadequate way to deal with the array of problems of target groups such as the aged, children and families, the handicapped, and youth. Consequently, social welfare professionals, government officials at all levels, and researchers are increasingly interested in alternatives such as natural support networks (which lessen or obviate the need for services). Similarly, there is increased interest in diverting persons from systems such as juvenile correction, because of the stigma attached to such systems. More generally the deinstitutionalization movement has both opened up opportunities for establishing new types of care settings and imposed burdens on communities ill equipped to provide support needed by new institutions. Even the definition of the kinds of behavior which require social intervention has undergone significant change as a result of changes in lifestyle while, at the same time, the issue of what role public and private institutions should play in meeting needs has similarly been subject to major revision as the lines between public, private and nonprofit sectors have become blurred.

These new views of meeting social welfare needs derive from a number of factors in local governments and the community. One is the change in the demography of client populations. The numbers of aged, disabled, troubled youth, and unstable families are increasing. As these groups increase in size they have also surfaced new types of social welfare needs. The demand for traditional and new types of social welfare interventions have thus been a strong motivating factor for development of nonservice approaches. Another is the growing fiscal constraints facing local

governments. Finally, changing understanding of how problems can best be addressed has also led to increased use of nonservice tools.

How Nonservice Approaches Work

Nonservice approaches work in part by making use of existing local governance powers to shift to the private sector those portions of services that need not be in the public sectors. For example, a disabled person who can earn a living does not need full income support; an elderly person who can continue to live independently with only an occasional need for help or who can be cared for by friends or relatives does not need expensive institutional care; a child who can stay the night with friends or in an emergency respite home during a period of severe family stress may never need a foster home; a bread-winner who can join a company-funded alcoholism treatment program may avoid unemployment and family breakup. Nonservice approaches also work by helping local government agencies to use each other's resources better. For example, social welfare agencies can use schools as senior nutrition centers or can ensure building inspection departments consider social objectives such as accessibility to the handicapped. In any case, whether local government resources are more fully used or whether the private sector assumes more of the burden of meeting social welfare needs, non-service approaches cannot substitute for service approaches. Furthermore, there are limits to their use, and constraints imposed by other levels of government such as states. Nonetheless, nonservice approaches may significantly increase the amount of help available without comparable increases in cost and can be established locally, using existing governance powers.

The nonservice approaches discussed in these pages are only a selection of those in use across the country; no complete inventory has been attempted. Indeed, it is not clear that a complete inventory--even if it could be completed before it became obsolete--would be of more utility than a selection that allows the user to see the principles of nonservice approaches to social welfare problems and apply those principles to the specific local situation.

Types of Nonservice Approaches and Extent of Utilization

Regulation and Deregulation

Description

The police powers provided to local government by the states constitute governance tools with which cities and counties have traditionally pursued maintenance of the health, safety, and welfare of their constituencies. Regulatory mechanisms have traditionally been used to prevent action construed by local government as being against the best interest of the public (for example, licensing child care facilities to prevent unsafe practices). Governance approaches using these powers may involve imposing new requirements, such as requiring employers to offer certain services to employees, or removing or reducing old ones, such as reducing licensing requirements for child care to increase the number of day care facilities available for working parents.

A variety of problems can arise in connection with regulatory approaches. In many instances, analysis of the impact of regulation and deregulation is difficult, thus the true costs and benefits to the public or private sectors are not clearly understood. In addition, in the human services area, many regulations and licensing requirements are established at the state level, hence local action can at times be constrained.

Findings

Relatively few regulatory change approaches were reported by the jurisdictions surveyed. This suggests that regulatory tools are either less useful in achieving social welfare objectives, or are more difficult to introduce into the local government context. Individual jurisdictions reported an average of four examples of regulatory strategies each. The response shows a balance between the imposition of new regulatory strategies and use of more flexible regulation or deregulation.

The most common regulatory strategies reported were the enforcement of Federal building access codes, ordinances preventing discrimination in housing and employment against the aged and disabled, control of the condominium conversion process, and the mandating of life-line utility rates for the disadvantaged (where there was local authority to do so).

Common examples of deregulation included the use of zoning exemptions, targeting group home location, conditional use permit strategies for meeting the shelter needs of the aged, disabled, and youth, permitting voluntary and private sector agencies to serve youth classified as status offenders, and approaches that permit the description and advertising of generic drugs.

These patterns of response indicate that local governments are using traditional regulatory or police powers to help ensure that special need groups, such as the aged, are treated equitably by the private sector--thus helping to reduce the impact of their needs on the public sector. The examples of deregulation indicate that traditional governmental constraints are being treated in a more intentionally flexible way as a means of encouraging and facilitating new types of public and private sector response to special needs--needs that often cannot be met by virtue of contradictory or unintended consequences of existing policies. Both strategies can help local governments promote independent living, assist deinstitutionalization, and promote economic and social welfare by increasing shelter and financial resources available.

The response data for the regulatory tools indicate a growing understanding by local government of how policy tools can constrain or encourage behavior by individuals and the market place. Yet, the use of these tools was not present to as developed a degree as might be expected.

There were few examples of the use of local regulatory authority to impose new social welfare roles on the private sector, for example requiring firms to provide child care or alcoholism counseling; only four instances were mentioned. At the same time, there were also few examples of broad deregulation of care provider roles (child care, adult day care, paraprofessional roles).

While local officials noted their interest in developing new roles for the private sector through regulation, the legal ability to do so was not considered to exist in most cases. Similarly, the desire to promote new roles through eliminating regulatory obstacles was mentioned, but not considered systematically, and was also recognized to be beyond the domain of local government. However, some local governments reacted to the issue of child care deregulation by either changing the designation of the service to remove it from the purview of Federal or state standards, or by using advocacy to forestall further controls.

Generally, the local government role in the imposition or elimination of health and safety and certification requirements is preempted by the state. Where local intervention occurred, they were indirect, or were based on creating new policy approaches to superimpose on the existing regulatory structure.

In addition to state authority for policies affecting care providers, insurance policies (controlled by state commissions) and professional associations were noted as barriers to local response. Examples include the restriction on cardiopulmonary resuscitation by paramedics in Seattle until the city developed both a self-insurance program and mandatory waivers (care givers would not be liable for injuries). In addition, strong professional association lobbies at the state level militate against restructuring care provider roles.

In sum, there is meaningful use of the intentional consequence of many traditional strategies of regulation and deregulation. These tools help both the private and public sectors to increase their responsiveness in meeting social welfare needs. However, local response indicates that involvement in expanded use of these approaches is dependent on the degree of flexible state policy, availability of enabling legislation, or strong local initiatives to circumvent state impact through other measures.

Tax Policy Changes

Description

The traditional purpose of taxation by local government has been to fund the services government provides. At the Federal level, taxes have been used for other purposes as well, such as to penalize or control undesired activity (bookmaking, moonshining, racketeering, or bribing foreign governments), but at the local level, taxes are traditionally imposed to raise revenue. Furthermore, traditionally, taxes are imposed at common rates even for quite unlike categories of taxpayer--thus, the poor pay as much sales tax as the rich on a particular purchase, and the owners of two houses each assessed at $70,000 traditionally pay the same property tax, even though one owner is a poor widow and the other a real estate investment trust.

The imposition or modification of taxes can be a potentially powerful tool for inducing wanted outcomes within the taxing district. For example, a measure to defer collection of property taxes until the sale and transfer of the property can allow an elderly couple on a slim, fixed pension to keep their home and reduce need for new housing for the aged. On the other hand treating all property-tax payers the same can force the couple to sell by increasing their financial burden. A tax deduction for allowing community

Table 1

NONSERVICE APPROACHES BASED ON REGULATION AND DEREGULATION

Policy Approach	Consequences: Intended	Consequences: Unintended	Cost Shifting effects	Implementation requirements	Responding Jurisdictions
Zoning exemptions for special use, such as group homes, or day care centers.	Permits shared housing for the aged, disabled or youth and thus promotes deinstitutionalization.	Excessive construction can cause neighborhood disruption or local opposition.	Deinstitutionalization can shift some cost from state to local level, and from local level to nongovernmental sector.	The performers are the city/county agency zoning working with provider organization. Enabling measures are either new zoning ordinances, or flexible policies.	Boston, Chicago, Cleveland, Columbus, Dallas, Kansas City, Los Angeles, New Orleans, Phoenix
Planned unit development aimed at specific target group.	Permits development of retirement communities, ensures some low-cost housing and community amenities that promote independent living.	May reduce stock of new housing available for other groups or increase cost of units to buyers.	Shifts cost of some amenities to private developers and eventually the tenant.	The performers are the city/county planning department and private developer. Enabling measures are zoning ordinances and P.U.D. planning process.	Boston, Cleveland, Dade County, Maricopa Co., San Antonio
Flexible enforcement of selective housing/ health and safety codes.	To allow elderly to remain in home, reduces displacement of low income families, and enables development of innovative living arrangements for disabled.	Can lead to deterioration of housing or increased housing costs.	Encouraging sensitive or flexible code policy enables reduction of institutionalization and need for specialized housing for aged, disabled and poor, thus reducing public costs.	Performers are city planning and building inspection departments. Enabling requirements include sensitive code enforcement policy and special ordinances.	Kansas City, Philadelphia
Enforcement of Federal building requirements to provide access for the handicapped.	Removal of access barriers to disabled and aged, thus increasing capacity for independent living.	Can increase costs to both public and private sector by requiring addition or retroactive enforcement of codes as well as serve as a disincentive for construction.	Increases cost for both public and private sector, but increases may be offset by effective facility use and lower levels of institutionalization.	Performers are local building and planning inspection offices. Enabling requirements are local policy decisions to enforce federal policy	Chicago, Cleveland, Dade Co., Detroit, Hennepin Co., Los Angeles
Ordinance preventing discrimination against elderly and families with children as well as the disabled, by landlords.	Prevents the aged, families and disabled from being denied rental housing and promotes independent living.	May reduce incentive to build new rental units and impose on the market activities of individual owners.	Little cost effect, except to landlords who fail to comply and are sued.	Performers are the local Human Rights Commission client advocates and landlords. Enabling requirement is an antidiscrimination ordinance.	Chicago, Cleveland, Los Angeles, Minneapolis, New Orleans, San Antonio, San Diego, Seattle

Table 1 (Concluded)

Policy Approach	Consequences: Intended	Consequences: Unintended	Cost Shifting effects	Implementation requirements	Responding Jurisdictions
Ordinance preventing discrimination by employees against aged, disabled or certain categories of offenders.	Increases employment opportunities for the community and reduces consumption of welfare services.	Requires employer to assess individual fitness to a greater degree.	May cause increases in certain categories of of business expense, such as job adaptation, personnel, or benefits; plus local enforcement needs.	Performer is the local Human Rights Commission, working with client advocates and employer. Enabling requirements is an antidiscrimination law.	Boston, Chicago, Cleveland, Dade Co., Hennepin Co., Kansas City, San Antonio, Santa Clara Co.
Utility rate discount or refusal to allow discontinuance of service for nonpayment by elderly or low income.	Allows elderly or low income to maintain heat, light and telephone when under fiscal strains.	May encourage nonpayment of bills by beneficiaries.	Shifts costs to other customers of utility to maintain need groups, but reduces welfare and and health care costs resulting from deprivation.	Performers are state legislatures, local councils, client advocate groups and utilities. Enabling requirements are state laws for lifeline rates, or local policy for locally owned utilities.	Baltimore, Chicago, Cleveland, Columbus, Dallas, Detroit, San Antonio, Seattle
Ordinance requiring that private firms provide specific services to employees such as day care, alcoholism and family crisis counseling, and transportation.	Reduces government responsibility in providing special services, increases private sector role in meeting community needs; increases worker productivity.	May increase cost of doing business, possibly driving firms to move out of city if services do not increase worker productivity.	Imposes new direct costs on private sector (and ultimately consumers), provides possible indirect benefits to firms, and reduces public costs for welfare.	Performers are local private firms who provide service, either directly or through outside vendor. Enabling requirements are local health and safety laws, as well as state laws and insurance regulations.	Chicago, Cleveland, Hennepin Co., Memphis
Deregulation of child day care and institutional care providers, such as foster group homes and halfway homes.	Allow more providers to enter market and more effective community-based care for the dollars invested.	Can result in lower quality of care.	Intended to reduce cost of care and increase number of care providers, provide more opportunities for deinstitutionalization.	Performers are state and local regulatory and licensing agencies and provider organizations. Enabling requirements are state and local changes in certification, licensing and resolution of care settings.	Baltimore, Dade Co., Los Angeles
Reduced certification requirements for certain paraprofessional and care provider classifications.	Reduces care costs and enables growth in constrained market of service providers, in areas such as day care, paramedics, home health.	Creates unmonitored market with potential risks to consumers.	Broadens base of potential care providers and reduces cost for care incurred by individual and public sector.	Performers are care provider agencies, both public and private; also licensing bodies who regulate industries. Enabling requirements are state and local modifications of requirements for care providers; changes in reimbursement policies and in insurance coverage.	Seattle

use of business facilities can encourage neighborhood garden plots on unused industrial land, or the use of the company dining room to serve a low-cost evening meal to the elderly or for recreation. Taxes imposed on property transfers can be used to slow down speculation that is removing housing from the financial reach of neighborhood residents by inflating prices. Taxes imposed on condominium conversions can finance cooperative purchases by tenant associations.

Difficulties with tax policy changes, much like regulatory approaches, may be associated with the difficulty of analyzing the total public and private costs and benefits of tax changes and the degree to which state governments, not localities, actually determine tax policy. In addition, many cities have found tax approaches hard to stop once started even when they have outlived their usefulness in terms of public policy ends.

Findings

Local governments surveyed reported nominal use of tax policies to achieve social welfare objectives by comparison to other categories of policy tools. This is explained in part by the fact that respondents were primarily public administrators who were not familiar with the availability of specialized tax structures to help the aged or disabled. The principal tax strategy employed was the property tax exempted for the aged and low income: 12 sites reported that they had locally financed exemptions, although 18 sites were in states where there were state homeowner exemptions, seven of which had both state and local policies of this type. Similar to the exemption strategy is the reduced assessment of homes. This was reported in seven jursidictions, although eight reported state-reduced assessment strategies, two of which had both state and local programs. Only three jurisdictions reported that they had implemented a circuit breaker tax policy for property or other taxes. Of the jurisdictions, however, 27 were in states that provided circuit breakers, and one jurisdiction had both a state and local policy of this kind.

Although a number of local jurisdictions reported using tax deferrals to reduce impact of property taxes on local low-income residents, these policies were noted as being state financed. Eight jurisdictions were in states with deferral policies. Other research points out that some cities are using deferrals on their own to achieve neighborhood stabilization objectives by reducing fiscal impact of taxes on residents (Washington, D.C.). However, these were not reported in the survey.

The innovative use of taxes to provide incentives for social welfare roles was not prevalent. Only one example each was found of the use of local deductions for provision of long-term care for disabled family members, or of deductions for provision of facilities for day care for working parents by employers, or of deductions for providing training and employment for special need groups (Washington, D.C., Dallas).

Five jurisdictions reported imposing taxes on sales of luxury items (cigarettes, liquor) or general sales taxes to generate revenues for services and facilities for the aged and disabled. Two sites also provided circuit breakers for local sales taxes paid by the aged.

In responding to the survey, local jurisdictions commented that the use of local taxes to promote the support of special populations is increasing, but had been constrained due to two basic issues. The first is the tax limitation movement. The second is the lack of state enabling legislation to permit special tax policies, whether or not the state already is providing special tax benefits to special need groups.

The literature indicates that state and local involvement in using tax incentives on community development issues has a precedent and is increasing. There does not seem to be as yet an equivalently developed social welfare movement in the use of state or local tax strategies to promote both family and business response to needs of special populations. Local governments are, however, recognizing the social welfare impacts of existing taxes and are directly intervening to alleviate economic hardship in many cities and counties.

Administrative Reform

Description

Administrative reform deals with problems such as school buses that sit idle during the day while the elderly sit in their rooms unable to get transportation to the senior center, schools that are locked during the evening or the summer while community groups lack meeting rooms and programs for seniors look for a convenient community location, and the like. Administrative reform also includes requirements that local government contracts go to minority contractors as well as the large and long-established low bidders, and that barriers to employment be removed for the disabled and aged. Administrative reforms can be aimed at coordinating government agencies that are working in isolation, or at redefining organizational boundaries, service criteria, or agency mission.

In general, local government can use its administrative powers over its own agencies to achieve reform or induce desired outcomes in the same way that it uses regulatory or tax powers to induce the private sector to change its behavior. However, while local governments are normally more free to act in the administrative area than in tax and regulatory approaches, they can be constrained by local charter or even state law.

Findings

The data from the survey report a broad concern with an intense level of activity in administrative reforms. SRI identified seven major areas into which the majority of key nonservice administrative reforms approaches logically could be placed. The range of activity includes new ways of using existing resources, such as multiple use and reuse of public buildings and vehicles, new ways of conducting social welfare services, new roles of welfare clients in the public sector, changes in the structure of public services to make them respond to individual needs, as well as new social welfare roles and new uses of government business processes.

The survey yielded 49 reported examples of sites that had either policies for shared use or reuse of schools, or multiple use of other public buildings to expand both the facilities and program access for client populations, e.g., to provide senior centers, occupational training, day care, counseling.

Table 2

NONSERVICE APPROACHES BASED ON TAXATION

Policy Approach	Consequences: Intended	Consequences: Unintended	Cost shifting Effects	Implementation requirements	Responding Jurisdictions
Homestead exemption for the aged, poor and disabled. Also rentees credits.	Reduces fiscal burden associated with low income and high property tax thus encourages independent living.	May reduce property tax revenue slightly and increase tax burden on general public.	Shifts fiscal burden to middle and upper income groups, while indirectly reducing institutional care demand.	The performer is the local government tax assessor, acting under state or local discretion to help the applicant. The enabling legislation derives from state and/or local policy change.	Baltimore, Cleveland, Columbus, Dade Co., Dallas, Jacksonville, Milwaukee, New Orleans, San Antonio, San Diego
Circuit breaker tax measure for aged, disabled or all low income groups.	Reduces the fiscal burden of high property tax by establishing limits using income and family size criteria.	Reduces local property tax on target group but may have too small an impact to influence decision to keep home.	When established at an adequately high level and utilized by target groups this approach increases general public support of independently living adults and reduces rate of displacement and consumption of social welfare services.	Performers are the local tax assessor, possibly working with Agency on Aging or Social Services Dept. to help applicants. Enabling requirements are changes in state and local tax that permit calculating a circuit breaker.	Chicago, Detroit, Memphis
Property tax deferral measures that allow taxes to be deferred until owner dies or sells; taxes are then paid, often with interest.	Allows elderly to remain in own home, or in some cases allow low income to weather periods of unemployment by reducing fiscal impact of taxes.	Significantly reduces property public tax reserves, particularly when used on a large scale (e.g., plant closing).	Reduces prospective welfare costs while increasing public tax share created during period of deferral. Revenues are always captured in the future, however, and are ot lost.	Performer is local tax assessor, sometimes working with social services to reach clients. Enabling requirement is a state law permitting deferral.	State of California, Massachusetts, Oregon, Texas, Utah, Virginia Washington, and Washington, D.C.
State and local income and property tax deductions for provision of facilities for child care for working parents or providing training and employment for a target group.	Increases number of companies willing to provide child care, hire and train youth, disabled, disadvantaged, etc. thus reducing alternative welfare costs.	Deductions are not related to quality or quantity of child care; may be a windfall to employer who would have hired workers anyway.	Reduced local tax revenue may be offset by reduced need for income supplements to groups who require special services.	Performers are the individual firms following application to or assistance from tax authority and social services and manpower agencies. Enabling requirements are state tax policy changes that permit local governments to grant tax deductions to firms.	Chicago, Washington, D.C.
Deductions from state and local taxes for provision of long term care to disabled family member.	To reduce incentives to institutionalize disabled family member governments provide a reduction of taxes.	Not related to quality of care provided; vulnerable to abuse and may provide disincentive for traditional care roles.	Costs less than publicly funded institutionalization; shifts burden to family.	Performer is the family, with tax assessor or social services dept. helping applicants and monitoring when needed. Enabling requirements include state change in income and/or property tax laws to permit deductions.	Washington, D.C.

Ten sites also reported that they were using nontraditional locations for the delivery of social welfare services, such as shopping centers, libraries, schools and other sites.

There were 17 different examples of multiple use of school buses, alternative use of public transit, or brokerage of paratransit vehicles to increase the transportation and access of the aged to welfare services and activities of daily life.

The changing view of employing special need groups was evidenced by the 66 examples of how public sector employment and services were redefined or modified. In seven cases, youth were being used to staff youth oriented services. In six cases new forms of apprenticeships were reported, and in ten instances special neighborhood focused helper roles were developed. In nineteen instances the elderly or disabled were being used to staff services for their peers, while in eight sites the elderly were being trained and used as homemakers and in seven instances the aged were being used as volunteers, working with paraprofessionals. To further provide employment opportunities seven sites reported they were revising standards for jobs to accommodate the disabled, while ten sites reported they were developing part-time job opportunities for the aged.

To promote individual ability to fulfill personal, family, and health needs, twelve sites indicated that they had implemented flextime work arrangements and five sites had eliminated their mandatory retirement age.

Several sites have also restructured existing public service roles to increase their own responsiveness and that of other departments to special need groups. Thus, 13 sites are using approaches such as having postal staff check on frail individuals along their route, or having police refer victimized elderly to senior center resources in their neighborhoods.

Local governments are also increasingly using their business processes to assist special need populations. Seven sites reported that, in different ways, they are using the local procurement process to strengthen the economic well-being of groups ranging from the disabled to low-income minority youth.

While there are many other examples of nonservice approaches reported in the initial survey, these cited above are among the most important identified. Many approaches reported constituted service delivery strategies that had been developed to prevent greater problems that would require increased service delivery by local government. These are not discussed; they represent changes in social welfare policy but are not nonservice approaches.

The administrative reforms examined demonstrate an increasingly creative view of how existing local material and human resources and processes can be used to help the aged, disabled, youth, or families. Administrative reforms respond to issues having to do with increasing existing service capacity (multiple school use), facilitating new service roles by the nongovernmental sector (letting citizen groups use public facilities),

Table 3

NONSERVICE APPROACHES BASED ON ADMINISTRATIVE REFORM

Policy Approach	Consequences: Intended	Consequences: Unintended	Cost Shifting effects	Implementation requirements	Responding Jurisdictions
Multiple use of public facilities, including shared use of schools, reuse of schools and fire stations, libraries and offices.	Expand services without new buildings; increase use of structures to provide day care, meals for aged, occupational training recreation, and bases for community organizations.	Stimulate demand for new services at site; create create conflict between city, the school district and local neighborhood over uses and their cost/benefits.	Creates insurance and some maintenance costs for local government; places responsibility for meeting needs primarily with user groups, such as community organization, day care providers; loss of alternative uses.	Performers are local government, school district plus specific user groups. Enabling measures may include change in state law, local ordinance, negotiated arrangements with schools and neighborhoods.	Baltimore; Boston; Chicago; Cleveland; Columbus; Dade Co.; Dallas; Hennepin Co.; Jacksonville; Kansas City; New Orleans; San Antonio; San Diego; San Francisco; Santa Clara Co.; Seattle
Multiple use of school buses, and public vehicles to provide transportation for elderly and disabled during off-peak hours, or for special purposes.	Utilization of downtime of school and public transit systems opens up more productive use of capital, and provides access to meals, health, and recreational programs for the aged and disabled (and in some cases, youth).	May risk equipment damage and possible disruption of existing transport uses/ schedules. Design of equipment may not meet needs of special user populations.	Cost for expanding the local paratransit system is borne by individual service programs, but is less than new system. This use reduces social costs associated with low-access problems of aged, disabled and children.	Primary performer in use schemes include the school district and public transit authority and the individual user organizations/ agencies. Enabling requirements include state law permitting non-school bus utilization, and insurance policy change to cover use.	Baltimore; Chicago; Cleveland; Dade Co.; Dallas; Detroit; Houston; New Orleans; Phoenix; San Antonio; San Diego; Seattle
Nontraditional locations for social welfare services, including sites such as shopping centers, libraries, and schools, locating prosecuting attorneys office in neighborhoods.	Increase access and utilization and effectiveness of services, such as counseling, education, and legal services through better visibility and and acceptability to user.	Low service use due to possible incompatibility with site; possible conflicts at site; increased need for security/reduced business due to image issue.	Creates coordination cost between service provider and site; impact of new use may encompass costs, in terms of traffic and diffuse service management, while increasing service reach and effectiveness.	Performer is the key service provider (agency) who works with firm or other public service. Enabling requirements may include decentralization policy, lease, and designation of management responsibilities.	Baltimore; Boston; Chicago; Cleveland; Dade Co.; Detroit; Hennepin Co.; Kansas City; New York; San Diego
Development of new work and volunteer roles in the public sector for special need groups, e.g., youth, elderly, disabled.	Provide work opportunities; strengthen peer help roles using youth to staff services for youth, as paraprofessionals; using aged in analogous peer counselor and paraprofessional roles (homemaker aids); new government apprentice roles for youth.	Inexperience, or heavy work load may detract from the quality of service, or, might interfere with the conduct of other professional activities. May displace existing workers.	New work roles can: reduce institutionalization costs for both young and older participant; provide cost savings by increasing impact of services; reduce cost of service/increase productivity/future skills. They can increase training and some supervision/ insurance cost.	Primary performer is the service agency and civil service. Enabling requirements can include redefining job classification, such as minimum age and retirement age, and possible restructuring of professional-nonprofessional relationships in government.	Baltimore; Boston; Chicago; Cleveland; Dade Co.; Hennepin Co.; Houston; Kansas City; Los Angeles; New Orleans; New York; Phoenix; San Antonio; San Diego; San Jose; Seattle

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Table 1 (Concluded)

Policy Approach	Consequences: Intended	Consequences: Unintended	Cost Shifting effects	Implementation requirements	Responding Jurisdictions
Restructuring existing government employment opportunities to accommodate needs of parents, disabled and the aged, through flexible scheduling, modifying job application and classifications, eliminating mandatory retirement age.	Working population, or those capable of participating in traditional jobs, may require flexible time to attend to personal needs (child care, counseling, training), as well as some facilitation in completing applications and adapting jobs to physical abilities. Elderly seek economic benefits of continued employment or new employment over the traditional retirement age, which is enabled by elimination of mandatory retirement age requirements.	Flexible scheduling can, if not planned correctly, reduce productivity. Productivity of disabled workers may not be predictable. Employing older workers may preclude employment of other workers.	Responsive work arrangements create minor organizational adaptation costs for local governments, but reduce the costs of institutional care or welfare services consumed by individuals who cannot seek care while working, or cannot support themselves without working and require external supports.	Performers are the personnel offices and the civil service. Individual departments must adapt their schedules and job structures. Enabling legislation, such as ordinances eliminating retirement age, or any discrimination in hiring may be needed.	Baltimore; Boston; Chicago; Cleveland; Dade Co.; Hennepin Co.; Jacksonville; Los Angeles; Maricopa Co.; Milwaukee; Montgomery Co.; New Orleans; Philadelphia; Phoenix; San Antonio; San Diego; Seattle
Design of new roles for local government employees in meeting social welfare needs.	Existing agencies/services can perform services that help meet other agency needs without expanding current structure, e.g., police or fire department can link drug user, crime or accident victim to the right service; nurses can work with police and senior centers; mailperson can identify persons with emergency needs.	Formalizing informal roles, or adding to types of responsibility may increase labor disputes, or affect conduct of existing duties; new roles may not be well accepted by public (despite informal precedents).	Restructuring responsibilities helps increase the effectiveness/reach of existing services, and possibly prevent new costs by targeted intervention. Does not involve new jobs, merely cross-agency interaction on key outreach and care issues.	Performers are public employees whose roles have been modified by agency and union agreements. Enabling requirements may include union vote, change in insurance policies.	Baltimore; Boston; Chicago; Cleveland; Dade Co.; Hennepin; Los Angeles; Maricopa Co.; New Orleans; Philadelphia; San Diego Co.; San Diego
Targeting local government procurements on special populations.	Local governments uses the process of making purchases and contracts to meet the economic and social equity needs of small businesses, minorities, and special entrepreneur groups, such as the disabled, youth or aged.	May increase cost of procurements made, and may have unpredictable quality. This process can provoke charges of reverse discrimination if existing competitors for procurements do not have market alternatives.	The cost for strengthening the economic and social well being of groups who are the targets of procurements by local government is borne by the jurisdiction and the tax payer. Benefits for reduced consumption of unemployment and welfare services are also accrued to local government.	Primary performer in the use of procurements is the purchaser and individual departments who can make contracts. Enabling requirements are ordinanced concerning affirmative action, and local economic development policy that derive from the C.A.O. and mayor.	Baltimore; Boston; Chicago; Cleveland; Dade Co.; Kansas City; New Orleans

responding more sensitively and effectively to welfare needs (restructuring existing jobs and targeting of where services are delivered), by opening up important social and economic opportunities for special need groups (new public work roles and flexible job structure), and by productively using traditional business processes to help need groups (targeted procurements).

Collaboration with the Private Sector

Description

For a community to achieve a healthy economy, with a high employment rate, credit availability and suitable services, it must have a committed and involved private sector. The nonservice concept views the private sector as an integral element of the community, with responsibilities for and obligations to that societal unit as well as obligations to its owners, clients, and employees. The nonservice approach focuses on opportunities for involvement that can accrue both to the benefit of individual firms and the communities in which they reside. Whereas tax and regulatory strategies employ local government power to influence private sector behavior, non-service approaches also entail encouraging the voluntary pursuit of community objectives by the private sector. For example, industries and businesses can be encouraged to expand their recreational sponsorship beyond Little League teams, to focus corporate giving on local high-priority needs, to locate facilities in neighborhoods with high unemployment, to provide occupational training for youth in schools and the work place, and invest in local housing rehabilitation. Problems associated with this approach involve convincing private firms that it is in their interest to take on certain social responsibilities and assuring that private sector action benefits the very poor.

Findings

SRI identified nine major areas where the many examples of collaboration with the private sector could fall. These areas include the use of private sector capacity to provide occupational training in schools or at the work site, the direct provision of special services to employees, the use of business or business groups to provide manpower or analytic assistance to local government, business operations and employment policies that accommodate needs of employees and foster employment of special need groups, special discounts or services to the community through actual business transaction, targeting of business expansion to areas with high unemployment, specialized services to the community, use of corporate or union investments to develop housing or services for the community, and direct corporate giving to public services.

Seven jurisdictions reported that private firms or unions in their communities were providing training for target groups (such as non-English-speaking students, or troubled youth) within the school systems, at the work place, and in the community, as well as developing new apprenticeship roles to facilitate employment opportunities. It is possible that many more firms and unions offer training for school-aged youth which were not reported due to lack of direct contact with administrative agencies at the local government level.

The provision of direct services to employees by employers is an area of increasing private sector involvement. While only six jurisdictions indicated that firms in their areas were providing services, such as alcoholism counseling, child care, and recreation, there is sufficient information to assess this level of reporting as significantly low. Local firms are currently providing a variety of health care services on site for their employees as a consequence of the Occupational Safety and Health Act (OSHAct) of 1970, which is concerned with making the workplace safe and healthy for the employed. Many of the services provided go beyond medical care to include mental health care and child care for parents. Although the issue of corporate responsibility for employee welfare has been frequently contested, the trend is towards cost effective programs of preventive care, as opposed to less care. A recent study of occupational employee assistance programs for substance abuse indicated that virtually every large firm has either a program of its own, or contracts for services to a provider for alcoholism and drug use problems.

Seven sites also reported business consortiums or individual businesses assisting the local government to address management and analytic capability in the operations of its social welfare systems. This is an increasing trend which is also underreported by survey respondents. Concurrent research on corporate social responsibility indicates that there is a movement toward increased assistance to local governments by private firms due to their perception of the impact of increasing taxes, and of the need to ensure efficient and effective basic social welfare services in the community.

The adaptation of the working environment and hiring policies to the needs of employees is important in permitting individuals to maintain employment and economic benefits. However, only three local governments reported examples of how flextime, affirmative action hiring, and eliminated or raised retirement age are being used. Here too, the separate nature of the public administration of social welfare services and administration of businesses would account for underreporting of these approaches, which are likely to be more prevalent than suggested by the data.

Twelve jurisdictions reported that they were aware of local businesses providing special services or discounts to community members, such as the aged. This role is an important element of the neighborhood or community support system of the individual. Local governments, through Agencies on Aging and community organizations, encourage such response to community needs, although they often evolve by virtue of shifting clientele in urban areas.

A number of firms provide direct services to the community outside of the context of the conduct of their business. Twelve sites also reported local businesses as being involved in this area. A variety of different roles are being played, from storage of emergency food supplies and management of emergency fuel supplies to provision of transportation and loaned use of recreational and kitchen facilities.

The use of corporate or union resources, such as investment to meet special community needs, is an emerging area of action. Two jurisdictions reported that this had occurred in their community. The type of use of the investment power includes development or rehabilitation of housing

Table 4

NONSERVICE APPROACHES BASED ON COLLABORATION WITH THE PRIVATE SECTOR

Policy Approach	Consequences: Intended	Consequences: Unintended	Cost Shifting effects	Implementation requirements	Responding Jurisdictions
Private sector provision of occupational training for target groups in school system or under their auspices at work site; provision of new forms of apprenticeships for youth by firms and unions.	Improves job skills of disadvantaged, disabled and youth and reduce consumption of welfare services and transfer payments.	Private sector training may be inappropriate to meet public need, or too limited to help address basic issues of economic development or basic education.	Shifts costs from public to private sector for meeting training needs, and ultimately for providing an income.	Performers the the individual firms working in collaboration with manpower agencies, school districts or client group organization. Enabling requirements are negotiated agreements with schools, local government, and unions concerning training programs.	Baltimore; Chicago; Cleveland; Kansas City; Los Angeles; New York; Phoenix
Direct services to employees, such as child care, recreation, family crisis counseling, alcoholism counseling and transportation.	Reduces absenteeism, improves productivity or meets corporate obligations to community or social welfare issues.	May increase cost of doing business if productivity gains are smaller than investment made.	May reduce need for public sector provision of certain services; shifts some part of welfare costs to private sector.	Performers are the individual firms providing care. They may use outside expertise to establish services. Enabling requirements are basically a corporate commitment to helping local government reduce costs.	Chicago; Cleveland; Dallas; Hennepin Co.; New Orleans; Seattle
Use of private business groups or trade associations to aid public sector through in kind or loaned manpower to help improve management of government.	Offers private sector expertise and resources (computers, facilities) to public to increase cost-effectiveness and increase needed resources not otherwise available.	Private sectors may not understand public sector problems, or be willing to respond.	The application of business resources can result in reduction of public costs, increases in need social amenities, with high positive impact for involved firms.	Performers are individual business firms as well as committees who work with local government to develop solutions/new resources. Enabling requirements are local contract and negotiation with firms (or vice versa) to develop plans.	Chicago; Cleveland; Jacksonville; New Orleans; New York City; San Francisco; Seattle
Corporate employment policies can institute flextime for working parents, increase affirmative action hiring, and raise mandatory retirement age.	Flextime can strengthen family stability; affirmative action can increase minority and disabled employment opportunities; raising mandatory retirement allows elderly to work and increase social and economic resources.	Flextime may disrupt ability to do business; affirmative action strategies can increase need for training; higher mandatory retirement age can cut promotion opportunities for younger workers.	These different operations policies can cut need for public income transfer payments and other social services. They place the cost for greater private sector support of the community or specific consumers.	Performers are corporations who recognize both the need to change operations to improve work conditions as well as meet community needs. Enabling needs derive from leadership of firm and support and encouragement of community.	Boston; Chicago; Dallas

Table 4 (Concluded)

Policy Approach	Consequences: Intended	Consequences: Unintended	Cost Shifting effects	Implementation requirements	Responding Jurisdictions
Corporations and small businesses give discounts or other services to elderly, disabled through conduct of business	Strengthen ability of low income elderly, disabled to maximize use of their scarce revenues and increase mobility and interaction in the community.	Can increase clientele of firm, can also increase buying power of affluent elderly.	Shifts part of cost of goods to other customers of business while helping special needs groups. Reduces needs public services might otherwise have to fund.	Performers are both large and small firms who develop one or more service to aged; sometimes interfacing with public programs, e.g., senior centers. Enabling needs are only business policy and operations change.	Baltimore; Chicago; Cleveland; Columbus; Dade Co.; Dallas; Memphis; Montgomery Co.; New Orleans; Phoenix; San Diego, Seattle
Provision of specialized services to the community such as transportation for target groups; storage of emergency food supplies; and assistance on emergency energy needs.	Provided lower cost transportation for the disabled, elderly, and students; provide a source of food in time of emergency or crisis; as well as affordable energy for the poor in severe winters.	Problems may arise from differing quality of transportation provided by public and private sector, as well as in organization and equitable administration of emergency resources such as food and energy.	Private sector serves to both a partial or complete donor of space, resources and time, reducing public sector costs for emergency and specialized services.	Performers are private firms, sometimes working with nonprofit organizations (energy, food) to leverage funds of services. Enabling requirements are only those internal corporate policies that determine what staff, resources or or dollars to commit to the service.	Baltimore; Chicago; Dade Co.; Dallas; Detroit; Hennepin Co.; Houston; Los Angeles; New Orleans; Phoenix; San Jose; Seattle
Targeting of location or expansion of firm in areas of high unemployment.	Reduces unemployment and takes advantage of labor surplus to reduce income transfers and dependence on welfare services.	On-the-job training may allow employees to get better jobs, but a firm may not find sufficient suitable workers in some cases.	Increases private sector role in bearing community employment costs as part of a collaborative endeavor with public. Public sector provides assistance to encourage firm action and benefits from reduced welfare roles.	Performers are firms with social responsibility agenda, willing to work in and with local government setting. Enabling requirement is the commitment of both public and private sector to negotiate new roles.	Chicago; Hennepin Co.; Houston; Kansas City; New Orleans; Phoenix; San Diego; Seattle
Use of corporate or union investments to generate new housing units or community services in neighborhoods as new firms.	Firms or union can allocate a portion of their investment portfolio to projects that will stabilize the community, and increase quality of work force life-style.	Mortgage rates pose problems in any effort; level of corporate investment may not suffice to meet worker or community need without strong action by local governmet and other firms.	Many efforts may be combined with subsidized funds to leverage investment, and help change market in neighborhood areas. Reduces need for local direct dollar investment in housing slightly.	Performers are individual firms, notably, the real estate division, who allocate investments with acceptable return on investment to community. Enabling requirements include corporate policy towards community and collaborative role of local government in planning and development of site and immediate area.	Chicago; Cleveland
Direct corporate giving to public social services.	Increase funding and social service support when local government is severely constrained.	Possible issue of public-private distinctions in authority and responsibility.	Direct contributions through local government or nonprofit provider, help reduce fiscal obligations of public. These are tax deductibles on firms' federal income tax	Performers are corporate offices for social responsibility and local social service agency who use private funds. Enabling requirements are primarily administrative, e.g., concerning how local government processes funds and allocates them.	Chicago; Cleveland; Dade Co.; Phoenix; San Antonio; San Francisco

in areas of high need, or investment in services such as day care. Many firms and unions are developing policies that apportion part of their real estate portfolios to respond to constituent or community problems within the context of the normal investment process.

A critical role of firms in the community is that of employment. If a firm moves into a community, jobs are generated. This can be important if the jobs are located in high unemployment areas. Eight jurisdictions report that firms that had intentionally targeted the location of facilities in areas of high need to help meet employment and community improvement objectives.

Finally, six jurisdictions reported that corporations made direct donations to cities and counties to help maintain the operations of social services in times of fiscal stress.

The changing role of the private sector in meeting social welfare needs can take many forms, as the survey data show. At the same time, the level of reporting and overall description of linkages with private sector actors suggest that the level of coordinated or collaborative problems solving could be developed further. While Federal laws play a role in mandating provision of direct services, local government has yet to explore greater use of regulations, tax incentives and negotiated responsibilities with community business and unions to increase private sector partnership in meeting social welfare needs.

Promotion of Self-Help

Description

America has traditionally placed a great emphasis on the role of self-help and voluntary programming in meeting social welfare needs. Increasingly, public decisionmakers are recognizing the significance of individual, neighborhood level, and community organization approaches to directly meeting community development and social welfare needs. Self-help strategies focus on individual or small organization efforts to pool and benefit from personal resources. In response to dissatisfaction with traditional service, many types of groups are voluntarily working together to improve their homes, provide parent-operated child care, car pools, emergency home maintenance and employment counseling. Local governments are increasingly encouraging and assisting such self-help and voluntary programming efforts through coordination, training, and loan of facilities to voluntary groups. Such activities are important both because of the fiscal savings that can result when such efforts replace more traditional service approaches and because of the intrinsic value of "helping people help themselves." A problem with this approach can be sustaining self-help actions over time.

Findings

Virtually all reporting jurisdictions indicated that they were involved with the promotion of self-help, either through traditional subsidized programs such as the Older Americans Act, or through new innovative relationships with social welfare client populations. The types of self-help documented in the survey can be broken into two categories. The first category are those

forms of self-help that strengthen personal networks, mutual aid roles, and neighborhood support systems. The second category involves the increasing use of peers and paraprofessionals in meeting the changing and growing needs of social welfare client populations.

In the first category, the list of individual approaches being promoted by local government is very long. Many of the approaches are well recognized, as they have been supported by categorical grant programs and voluntary organizations. These include friendly visiting for at-risk populations, and the use of telephone check-up networks (each person calls several other persons). However, other innovative approaches reported included coordinated food buying clubs for the aged (four sites), assistance in housing design for and by the disabled (four sites), roommate referral and shared housing by the aged or disabled (four sites reported, but it is known to be going on in more than 20 cities), coordinated family and neighborhood based day care (five sites reported this, and there is evidence that it occurs more broadly, both on a formal and informal basis), tenant inspection of housing (three sites reported, however, the movement towards housing cooperatives and rehabilitation of In Rem housing suggests this could be occurring more widely than reported), neighborhood crime watch and grievance boards (18 sites reported either neighborhood crime watch, anticrime workshops, or community based dispute resolution boards, many initially supported by LEAA grants but now on their own), mutual work exchange between retired individuals or unemployed persons (five sites), emergency in-home support to families or individuals by volunteers (five sites).

The growth of these forms of self-help strategies appears to be a factor of changing attitudes among welfare agencies concerning how client needs can best be met, and a product of the limited resources of local governments.

Accompanying the growth of strengthened self-help networks is the increasing use of peer and paraprofessonals in meeting social welfare requirements. Examples reported include the use of volunteer college or nursing students to staff crisis interventions in homes (five sites), development of extensive peer counseling and tutoring roles for youth in crisis centers and other settings dealing with runaways, employment, birth control, and school problems (12 sites reported various forms of the use of youth as staff volunteers), use of the disabled or aged to provide counseling, education and placement (15 sites reported one or more of the above types of peer role). Peer counseling is also being promoted in areas such as education in parenting and prevention of child abuse. Eight sites reported using parents to educate other peers on parenting techniques. Three sites reported using this technique in helping to prevent or alleviate child abuse.

The increased use of the client as part of the direct service provider system and as a helping, therapeutic actor constitutes a change in the professionally oriented model of social welfare services. While a broader array of self-help roles are unquestionably being encouraged by social welfare agencies, both public and private, the key observation is that there is an evolving role for nonprofessional care providers. The survey data suggest that local governments are using new approaches to meet needs that traditional approaches cannot address, that are inappropriate for government

Table 5

NONSERVICE APPROACHES BASED ON PROMOTION OF SELF-HELP

Policy Approach	Consequences: Intended	Consequences: Unintended	Cost Shifting effects	Implementation requirements	Responding Jurisdictions
Strengthening personal networks, mutual aid roles, and neighborhood supports: o Facilitating friendly visting among at-risk groups. o Supporting telephone check-up and information networks. o Coordinating food buying clubs. o Assistance in housing design for the disabled. o Roommate referral and shared housing brokerage. o Coordinated family-neighborhood childcare. o Organizing tenant inspection of housing. o Neighborhood crime watch and grievance board. o Mutual work exchange. o Emergency support by volunteer care provider.	Local governments are now playing an important role in helping individuals and groups of neighborhood residents to meet needs that are either too extensive for government to meet directly within cost constraints, or are areas where individuals and groups can act as well as or better than government. Local governments are providing linkages, such as transportation, or use of telephones to promote contact between at risk and isolated elderly and disabled; they are providing use of public space and technical assistance to aid cooperative ventures to increase food buying power, reduction of crime, identification of housing resources, and development of local day care.	Unintended consequences for different self-help actions are not often reported. In many cases expectations of level or quality of performance are lower or more adjusted to the realities of the setting, e.g., to the willingness of local participants to act, share, or support activities such as cooperative food buying, house sharing, neighborhood watching, day care and work exchanging.	Development of support networks helps to shift or offset some growing or new social wefare costs to local government by leverging public sector resources (such as facilities, meeting rooms, storage, transportation, telephones) and technical assistance (housing inspection, food-buying, architecture, day-care, public safety) into a multiplier effect, e.g., client generated services.	Performer roles in emerging self-help approaches vary according to the area of concern. While local government may often initiate the deveopment of self-help approaches under the auspices of other direct service approaches (Older Americans Act services, Criminal Justice programs, Day Care, Title XX day care and homemaker assistance programs), client based groups (disabled, aged, welfare clients) and neighborhood based groups (residents, parents, poor) may organize and request assistance in developing self-help approaches. Enabling requirements for strengthening self-help approaches are primarily administrative (flexible use of staff/facilities), but may need regulatory change or variances to initiate.	Boston; Baltimore; Chicago; Cleveland; Columbus; Dade Co.; Dallas; Detroit; Hennepin Co.; Houston; Jacksonville; Kansas City; Los Angeles; Memphis; Milwaukee; New Orleans: New York; Philadelphia; Phoenix; Prince George's Co.; San Antonio; San Diego; San Jose; Santa Clara Co; San Francisco; Seattle
Increasing use of peer and paraprofessional roles in meeting changing and growing social welfare needs: o Crisis intervention in homes by volunteer college students/ nurses. o Peer counseling in crisis centers, job counseling, tutoring by/for youth. o Employment counseling and placement by aged disabled peers. o Peer counseling to parents to prevent child/spouse abuse. o Paraprofessional role of aged in homemaker care.	In each case the peer role is intended to give both provider and recipient meaningful information that can lead to employment, better coping skills, and lowered interaction with the welfare system.	Only well organized groups can acquire peer participation; there is uncertainty attached to any peer role, performance and expectations are at least as uncertain as professionally based services. Professional role may be placed in conflict with peer/paraprofessional participation in care, rather than as a beneficial activity.	Use of peers and paraprofessionals extends human resources of social welfare system, without increasing direct costs. Local costs may be associated with training, but potential benefits outweigh these costs.	Performers in development of peer and paraprofessional roles are manpower and social welfare agencies, both public and private. They must reach out and assist new roles. Enabling requirements will include administrative reforms to open up new roles, possibly modification of certification for paraprofessionals (state law and insurance policies).	Baltimore; Boston; Chicago; Cleveland; Columbus; Dade Co.; Detroit; Hennepin Co.; Kansas City; Los Angeles; Los Angeles Co.; Maricopa Co.; Montgomery Co.; New Orleans; New York; Phoenix; San Antonio; San Francisco; Santa Clara; Seattle

intervention, or that cannot be addressed adequately with existing fiscal resources. The qualitative aspects of the emerging client self-help role cannot be addressed in the context of existing information.

Public Advocacy

Description

Recently some cities and counties have become increasingly aggressive in using their legal powers to deal both with other governments and the private sector. Such cities and counties have sought redress in the court against adjacent communities, public utilities, and other segments of the private sector by moving to force equalization of taxes for schools in inner cities or to reduce or prevent rate increases or other actions that would increase financial burdens on lower income residents. Cities and counties have also provided legal assistance to private citizens who have brought such suits.

Some cities and counties are also using their inherent corporate power to lobby politically on critical issues or to seek reform in other areas through the political process. Such governments are spending local funds to support political campaigns involving referenda on critical issues such as differential tax assessment or government reorganization. They are also lobbying in the legislature to evoke such needed benefits as more transit from the inner city to jobs in the suburbs from regional transit agencies. The major problem with the use of adversary approaches involves the political consequences of confrontation. If advocacy involves taking on too much at once, effectiveness can be hindered by adverse reactions.

Findings

The 130 individual examples of advocacy reported by the Urban Consortium, jurisdictions can be differentiated in three ways. The examples represent:

- General cross-cutting advocacy for citizens and social welfare clients, including monitoring and advisory roles by welfare clients, advocacy on behalf of individuals by social welfare service staff, and consumer advocacy by local government.

- Advocacy for and by special need populations, such as the disabled, youth, or aged, or issues such as employment, shelter, health care and public resource allocation.

- Advocacy by geographic area, such as poor neighborhoods.

Nine sites are clearly involved with program monitoring by client groups, and in having advisory functions played by constituents of welfare programs. In addition, advisory functions, however meaningful, are built into Federal programs such as the Older Americans Act. Thus, virtually every Area Agency on Aging has an advisory group that responds to aging issues. Many similar advisory roles exist in the child care area as well. Fourteen sites also reported active consumer advocacy roles, both in promoting welfare client awareness and in initiating investigations on issues pertaining to credit, contracts, service quality, and fraud.

Advocacy for and by special need populations took a variety of forms in survey sites. Eight sites reported active advocacy on behalf of disabled in areas concerning gaining of employment, and obtaining necessary shelter to maintain independent living. Technical assistance was provided to these advocacy groups in a few instances.

Advocacy on behalf of youth was reported in six sites, and focused primarily on helping to integrate younger adults into the economy, preventing unnecessary institutionalization, and avoiding the criminal justice system where possible.

The aged were noted as having the broadest and most sophisticated array of advocacy resources. Thus, 13 sites reported that local advocacy and public advocacy was being focused on private sector treatment of the aged on housing and economic issues, such as discrimination in renting, displacement from housing (condominium conversions), access to credit, equitable car insurance rates, utility costs (life-line rates), and private sector employment policies (mandatory retirement).

Thirteen sites also reported that their own and stakeholder advocacy groups were addressing private sector policies in health care (ranging from nursing home costs, patient rights, and development of new ombudsmen roles, to issues in drug advertising and pricing, discrimination against Medicaid consumers, and health insurance fraud). Many of these issues involved state level legal decisions concerning business practice and health and safety codes.

Nine jurisdictions noted advocacy activity on behalf of (and by) the aged on public policy issues: specifically, the development of public transit (bus routes, schedules, fixed rail system design), housing (local investment in meeting housing needs of the aged), and health care (state policies on Medicaid, adult day care, pensions).

Of those cities and counties responding to the survey, 11 noted neighborhood-based advocacy on social welfare issues. This is probably a significant understatement of the extent of neighborhood advocacy. However, the cases reported should be considered to represent neighborhood advocacy on social welfare issues, such as decentralized services, or introduction of more sensitive welfare strategies at the neighborhood level.

In sum, the survey sites report a broad variety of advocacy roles, as well as a number of community-based social welfare advocacy actors. As with regulatory and tax strategies, advocacy approaches can lead to changes in the incentives for specific behaviors in the private and public sectors, through the exertion of legal powers (introducing or enforcing antidiscrimination legislation) through changing the information on which practices are based (through ombudsmen roles and client monitoring), or by restructuring the distribution of costs to clients (acquiring life-line utility rates, tax reductions, discount fares, lower insurance rates). Advocacy can be provided directly by local government actors in social welfare or other branches of local government, or it can be facilitated by or encouraged among client groups by local government. While data do not show advocacy to be pervasive, the information does indicate a recognition of advocacy's value and increasing use in local settings.

Table 6

NONSERVICE APPROACHES BASED ON ADVOCACY

Policy Approach	Consequences: Intended	Consequences: Unintended	Cost Shifting effects	Implementation requirements	Responding Jurisdictions
Monitoring service programs and participation in advisory role by client groups, such as the elderly or youth.	Monitoring is intended to ensure program compliance with service objectives, e.g., targeting, affirmative action, quality levels.	Can interfere with the service delivery process if monitoring is not well managed, if spurious claims are made, or if there is conflict between clients.	No direct costs, with the exception of potentially ensuring better focus and quality of services. Can reduce other needs by appropriate targeting.	Performers are organized community members. Enabling requirement may be accommodation of monitoring in service or program structure.	Chicago; Detroit; Hennepin Co.; Kansas City; Maricopa Co.; Memphis; Montgomery Co.; New Orleans; Prince George's Co. (All Area Agencies on Aging)
General advocacy and follow-up by staff of various social welfare services used by clients	Increases appropriate access and utilization of social welfare services by clients.	May increase use of services beyond level of local capacity to serve in some cases, or increase use of unneeded resources.	Agencies assume greater responsibility for helping individuals acquire needed interventions which may increase staff time-cost, and services cost, while reducing secondary costs.	Performers are on-line service providers who now link with other units in welfare system. Enabling needs are limited to policy of agencies, possibly coordination agreements.	Chicago; Cleveland; Dade Co.; Hennepin Co.; Houston; New Orleans; San Antonio; Santa Clara Co.
Consumer advocacy, education, and investigation of complaints, on issues such as credit, contracts, and service quality.	Protect the economic and personal rights of citizens from fraud and abuse, and encourage responsiveness of private sector to consumers.	Increase levels of litigation.	Cost may include either allocation of greater time and responsibility to local government legal/consumer unit, or addition of new staff/use of outside assistance and volunteers. Successful advocacy reduces negative costs incurred by consumers and public.	Performer requirements include designation of consumer advocacy role for attorney's office and agencies with consumer contact; possible funding or use of volunteer groups/ consultants. Enabling requirements may consist of consumer oriented local laws and licensing.	Boston; Chicago; Cleveland; Dade Co.; Dallas; Detroit; Hennepin Co.; Jacksonville; Kansas City; New Orleans; San Diego; Santa Clara Co.; Seattle
Advocacy for the disabled on employment and housing needs.	Enables disabled to gain needed access to employment and associated economic benefits; facilitates the transition or maintenance of independent living by developing adaptable housing arrangements for disabled; changes community stereotypes.	Excentuates competition for employment by broadening labor base; may create minor conflicts in neighborhoods over variant living arrangements in rare cases.	Reduces dependency of the disabled on welfare and institutional living arrangements at minimum or no cost to local government. Destigmatizes former client population.	Performers are community organizations working with both public and private employers, and local planning and health departments. Enabling requirements may encompass antidiscrimination ordinanced and flexible housing policy.	Chicago; Cleveland; Dade Co.; Kansas City; Memphis; San Antonio; San Diego; San Francisco
Advocacy for youth on employment and civil rights issues.	Improve integration of youth in community and prevent unnecessary abuse by families and public welfare system.	Increases litigation, and broaden competitive employment situation.	Cost of advocacy action is carried by local government, but is offset by reduced institutionalization, negative consequences of stigmatization, and increased well being through employment.	Performers are advocates in youth service bureaus and in community based youth and childrens rights groups. Enabling requirements are confined to development of new attitudes towards youth in litigation and employment, new staff.	Chicago; Kansas City; Los Angeles; New York; Prince George's Co.; Santa Clara Co.

Table 6 (Concluded)

Policy Approach	Consequences: Intended	Consequences: Unintended	Cost Shifting effects	Implementation requirements	Responding Jurisdictions
Advocacy on behalf of the aged:					
o Private sector treatment of aged on housing and economic issues, e.g., rental rates, condominium conversions, acquiring financing, needed insurance, maintenance of utilities, and employment.	Prevent discrimination against aged in obtaining housing, getting loans, jobs, reasonable insurance rates, and minimum/lifeline utility rates. Reduce cost impacts, avoid institutionalization.	Antidiscrimination practices in housing and insurance may alter owner markets ("swinging singles only"), and alter insurance costs. Condo-conversion laws may modify pricing and development in jurisdiction.	Antidiscrimination practices reduce need for aged to rely on welfare services, such as public housing, or institutional care. These policies shift costs to the private sector--e.g., higher general insurance rates, condominium prices, etc.	Performer requirements include designation of advocacy role in attorney's Agency on Aging, planning department. Enabling requirements are ordinances forbidding discrimination in housing, work, condo-conversion laws, and state insurance policy change.	Chicago; Cleveland; Dade Co.; Detroit; Houston; Kansas City; Los Angeles; Memphis; New Orleans; Philadelphia; Phoenix; San Diego; Seattle
o Private sector treatment of aged on health care issues; e.g., patient rights, ombudsmen, drug pricing, advertising, discrimination against medicaid recipients, frauds in care insurance.	Protect individual rights of institutionalized and noninstitutionalized aged, insure access to care at legitimate prices.	May increase regulation of long-term care industry, increase health industry liability and associated costs of screening, monitoring and providing information.	Places increased responsibilities on local government for licensing, monitoring, and responding to violations. Principally shifts greater costs to private sector for providing for higher quality and more accessible care, which is ultimately paid by general public and care user.	Performer requirements include development of new roles such as long term care ombudsmen (often using volunteers), compliance and monitoring functions for vendor activities, which can be in public health, Agency on Aging, and local attorney's office. Enabling requirements may include a variety of existing or new business and health code compliance ordinances.	Baltimore; Boston; Chicago; Cleveland; Dade Co.; Los Angeles; Memphis; Montgomery Co.; New Orleans; Phoenix; San Diego; San Diego Co.; Seattle
o Public sector policies on aging; e.g., transportation, health care, employment.	Protect interests of the aged in resource allocation and new legislative decisions, such as type/location of transit, Medicaid, retirement age in public sector, etc.	Potentially increase system costs for transit, and health care by increasing benefits or access.	Prevents non-cost effective decisionmaking where aged are concerned by increasing responsiveness of designs and resource allocations.	Performers are advocates in Area Agencies, Transit and Planning, and health care agencies. No enabling laws needed, other than existing policies.	Chicago; Cleveland; Dade Co.; Detroit; Kansas City; Los Angeles; Memphis; New Orleans; San Diego;
Advocacy for neighborhoods on physical and social service improvement issues.	Local actors work to focus improvement or increased allocation of resources/services on critical local needs, e.g., police protection, day care, sanitation, streets, schools, and other decentralized services.	Demand for improvements and new resources create difficulties in allocating resources on equitable basis when they come from many sources.	The stabilization or increased quality of neighborhoods will partially or wholly offset the increased capital and service allocations experienced by local government.	Performers are principally neighborhood resident and business associations, but may include "little city hall" or CDC. Enabling requirements are strong local cohesion/leadership	Boston; Chicago; Cleveland; Dade Co.; Hennepin Co.; Kansas City; Memphis; New Orleans; New York; San Diego; Seattle

Critical Aspects of Nonservice Approaches

Relationship to Service Delivery

Nonservice approaches do not replace service delivery programs. Nonservice approaches may, over time, reduce the need for a particular service, such as relocation or institutionalization of the elderly, but they cannot substitute for such services. Nonservice approaches can extend the ability of the local government to respond effectively to the identified needs of dependent local residents or to respond to the needs of those who need temporary services or assistance. Nonservice approaches can also reduce the number of local residents who are forced into dependency. For example, the abused child for whom emergency respite care is available and for whose parents peer counseling is available to provide support and new coping techniques may never become a foster child; the released mental patient who can immediately begin to receive general assistance on leaving the mental hospital may be able to avoid returning; the family that can get a tax deferral during a period of unemployment due to a plant closing may avoid breaking up; the alcoholic employee whose employer convinces him to enter a treatment program paid for by the company may never become dependent on income transfers and social services beyond that point.

Nonservice approaches can entail alternative methods of service delivery as when administrative reform leads to co-location of state and local facilities. They can entail shifting to alternative funders or providers, in the private or voluntary sector or at other levels of government. They can entail alternative roles of service provision as in the use of peer counseling or paraprofessionals, or alternative rules of service provision as in changing testing conditions in city personnel offices so that readers are provided for the blind or interpreters for the deaf. Alternatives to public service delivery, such as tax incentives to induce families to care for the chronically ill at home, may head off some expansions of public programs, but they also provide--along with conventional service delivery--a needed comprehensive approach.

Intended and Unintended Consequences

As with any intervention into the marketplace or the behavior of individuals, there are always both intended and unintended consequences of action. As Tables 1-6 show, nonservice approaches, if developed purposefully, imply expectations of certain outcomes. As noted, these outcomes may open up opportunities for the private marketplace, as with regulatory or tax approaches to permitting group homes, deregulating child care, and reducing certification requirements for certain categories of paraprofessionals. Or, these outcomes may constrain activities, as do rent control and licensing vendors to prevent frauds. However, with these intended consequences might also come unanticipated results. For example, failure to adequately plan for development and siting of group homes might result in concentration of these living arrangements in one area, stimulating high service demand and possible area decline. Significant use of tax exemptions for special groups, such as the elderly, might reduce their fiscal burden and enable them to remain in their homes; however, it is possible that it might not work, or if it does, it might diminish the local tax base and constrain the housing market by encouraging older adults to remain overhoused.

Deregulation of child care and of certification of paraprofessionals might open up valuable care provider roles at lower cost; yet if not conceived correctly, it may also result in lower quality care and possibly increased health care costs because of damage rendered to recipients of purported benefits.

Opening up schools to use by community organizations (including elderly, handicapped, and youth) while expanding the productivity of the facilities and creating a base for service provision that might have a significant multiplier effect, could also result in new demands for local government services.

This latter point suggests the particular importance of the political consequences of governance approaches. Those governance approaches that rely upon local government powers used frequently (such as zoning and licensing human services facilities) have different political effects than less customary approaches (such as legal advocacy on behalf of deinstitutionalized clients who may be overconcentrated in urban neighborhoods). Other political effects include resistance to "privatization" of human services such as employment counseling, which have customarily been provided in the public sector by public employees. Similar reactions may be expected from public employee unions when administrative reforms are attempted that reduce the credentialing needed for occupations previously reserved for a special class of professional.

Governance approaches can work in politically positive directions, however. Some governance tools (such as legal advocacy against other levels of government) can have a marked constituency-building effect, in broadening public and media understanding of issues that may have been taken for granted previously. Deregulation of overly stringent building codes that may be restricting the provision of services such as day care can also broaden public support for such measures, by demonstrating that services can be expanded without direct expenditures. Taxation approaches can have similarly positive effects, by broadening the population receiving public benefits, in contrast with the smaller target groups that most direct services programs can impact.

In calculating these political consequences (both intended and unintended) it is important for local governments to recognize that many human services constituencies are, by their very definition, without effective political voice. Deinstitutionalized clients, for example, may be far less effective participants in the local political process than neighborhoods and taxpayers who feel they have been asked to support more than their fair share of the public's responsibility for such clients. Weighing these differential political impacts of human services clients and constituencies should be an important part of the implementation planning for use of governance tools in human services settings.

Cost and Cost-Shifting Effects

Nonservice approaches are not free. A governance measure such as authorizing community groups to use vacant classrooms or to use schoolrooms at night (perhaps for peer counseling groups for seniors) will entail staff time to negotiate workable agreements that deal with such

questions as who pays any extra insurance or maintenance costs, who decides whether a particular group should be allowed to use the school (there may be considerable reluctance to allowing a drug-abuse peer counseling program to use a vacant school room during or after school hours, for example). In an inflationary period, deferring tax payments even if interest is charged may mean foregoing some revenue that the local government could otherwise use.

Nonservice approaches do provide local governments with greater leverage for the same funds, however. In general, the leverage arises from the fact that nonservice approaches tend to shift costs. For example, requiring companies to provide alcoholism treatment programs for employees shifts costs to the company and thus to its customers--some of whom may be out of state. Providing a tax deduction to families who care for chronically ill family members at home means that some of those care costs are shifted to the family. Tax deductions as an incentive to firms to employ the disabled will be redistributed among the general public as a cost.

Cost-shifting is accompanied by a certain amount of shift in responsibility as well. Therefore, questions as to the appropriateness of shifting social welfare responsibilities to other branches or levels of government or to the nongovernmental sector must be examined adequately.

Locus of Performer

Nonservice or governance approaches involve local government in the process of addressing social welfare problems in different ways. Local government can be the primary performer, as in the case of changing regulations or tax policy and implementing administrative reforms. Here local government can develop and modify policies that influence how services are delivered through the manipulation of incentives and by changing the organization and administration of resources that local government already controls.

Local government can also play a secondary role by acting as an advocate for special need groups--leading to changes in regulations, taxes, administrative policies--at different levels of government, and by encouraging and collaborating with other actors who might play social welfare roles, such as private firms or schools, and promoting self-help activities on the part of citizens.

Government Capacity to Use Nonservice Approaches

Generally, the capacity of local governments to implement governance approaches is clearly a critical factor, since these approaches in nearly every case rely upon affirmative efforts by government. In considering each of the tools described, organizational implications require careful review of local capacity.

Simply creating a new "Office of Governance Planning" will not achieve the kind of administrative capacity required. In many cases, governance approaches require the efforts of more than a half dozen different agencies within local government, demanding coordination, information exchange, and

team-building to effectively link these separate agencies in a common purpose. As important as the factors of funding and political support for these approaches may be, the management support systems and personnel skills required to implement some nonservice approaches are at least as important. Dealing with market forces and/or changing managers' perceptions of their departments' missions requires special skills. Local managers and planners must take these needs into account in their preparation before using governance approaches to deal with local problems that require more than the capacity needed in service delivery approaches.

Beyond organizational considerations, there is the issue of the willingness of political leaders to promote nonservice approaches. Certainly, their willingness to support these approaches is crucial for their ultimate adoption. Community groups, government officials, and citizens can play important roles in promoting these approaches, but in the final analysis elected officials must approve them. For this to happen, elected leaders must perceive that the benefits and payoff from nonservice approaches exceed their cost, both political and economic. Whether the assessment results in favorable support for nonservice approaches will thus depend on both the specific local circumstances and the specific political leaders. If governments are to develop a capacity to use nonservice approaches, it will require a technical understanding of the nonservice tools as well as political skill in gaining their support and adoption on the part of those who see their value.

Thus, the approaches being considered in this study are not free, not always easy to use, and not without risk. Generally, they result in the establishment of more complex relationships within government and between government and the nongovernmental sector, and have new kinds of impacts. Social planners will have to carefully examine all of these factors as they move into this new area of public policy.

THE DEVELOPMENT AND IMPLEMENTATION OF THE METROPOLITAN HUMAN SERVICES COMMISSION OF COLUMBUS/FRANKLIN COUNTY, OHIO

CASE STUDY

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All statements in this paper are the position of the author and do not necessarily reflect the position of the Metropolitan Human Services Commission.

CASE STUDY

INTRODUCTION

This case study has been prepared to describe the process used to establish the Metropolitan Human Services Commission (MHSC) in Columbus/Franklin County, Ohio. In addition, the case study identifies the major activities undertaken by the MHSC since its creation in 1977 and the major issues that have confronted the development of the organization.

The first section of this paper will briefly describe the setting in which this initiative to coordinate human services at the local level occurred. The second section will identify the sequence of development efforts that led to the formation of the MHSC. The third section will review the major activities of the MHSC during its three years of existence. The final section will contain conclusions that the author has reached regarding his involvement in both the design and implementation of the MHSC.

THE SETTING

Columbus/Franklin County is fortunate to be one of the few major urban areas in the northeast quadrant of the country that is experiencing growth. The population of the county is in excess of 1,000,000. The Columbus economy is relatively stable and not subject to sharp fluctuation in employment or retail sales since 75 percent of the area's employment opportunities are in trade, government and service industries. The rate of unemployment is the lowest of any urban area in Ohio at 4.9 percent.

In terms of local government structures, the State of Ohio has strong "home-rule" provisions in its constitution. Columbus is a charter-form of government with an elected mayor as its chief executive. A seven-member, at-large city council is the city's legislative body. A recent effort to expand the size of council to include district representatives was overwhelmingly defeated by the electorate. Elections of municipal officers are on a non-partisan basis.

County government is administered by the three-member board of county commissioners elected for a four-year term. The functions of county government are totally prescribed by state law. Although provisions do exist for a charter form of government at the county level, only one of Ohio's eighty-eight counties has elected a charter form of government.

Like most human services systems in urban settings, the one existing in Franklin County is both large and complex. The community information and referral service maintains information on more than 600 agencies in the community. Of this number, the bulk of community services are provided by approximately 300 agencies. After two efforts to inventory the services provided in the community, the total amount of money spent by these agencies on human services remains unknown. The major human services delivery and financing systems include the following:

1. The Franklin County Welfare Department - County welfare administers a budget in excess of $100,000,000 for income maintenance, food stamps, general relief, day care and additional Title XX-funded services.

2. The Franklin County Childrens Services Board - Children's Services is the public child welfare agency responsible for protective services with an annual budget of $15,700,000.

3. The Franklin County Mental Health and Retardation Board - This county government agency is a $21,000,000 community mental health system with services financed through a combination of federal, state and local tax revenues and third party payments. Approximately one out of every three Title XX dollars received by the State of Ohio is distributed to local communities through this system.

4. The City of Columbus Department of Community Services - This cabinet level department is a recent newcomer to human services with an annual budget now in excess of $53,000,000. The Department is the administering agent for the City-County Manpower Consortium and the $2,800,000 that the city spends annually on human services out of its general revenue sharing entitlement. The city also spends an additional $1,500,000 of its general revenue sharing funds on a network of neighborhood health care centers in the community.

5. The Columbus Metropolitan Area Community Action Organization (CMACAO) - CMACAO is the community's anti-poverty agency operating with an annual budget in excess of $8,000,000 from federal, state, and local sources.

6. The United Way of Franklin County - United Way is a federation of seventy voluntary agencies with an annual community fund-raising effort in excess of $10,600,000.

7. Private and Public Foundations - More than 100 family and corporate foundations are located in Franklin County, led in contributions by the Columbus Foundation, the community foundation, and the Battelle Memorial Institute Foundation.

DEVELOPMENT OF THE MHSC - 1975-1977

The Metropolitan Human Services Commission came into existence in February of 1977. Formally, the Commission traces its formation to a City Council resolution passed in February of 1975. This resolution recognized "The need in Columbus and Franklin County to coordinate...the numerous social services...provided to the public." The resolution also urged and pledged "Support for a joint planning and coordination effort in the area of

social service delivery by the City of Columbus, Franklin County, and the United Way of Franklin County." Subsequent to a similar public statement of support by the Board of County Commissioners, The United Way Campaign Advisory Cabinet, chaired by the chief executive officer of the largest savings and loan association in the community, appointed a special study committee to respond to the challenge delivered by the public sector. This committee, commonly referred to as the Lazarus Committee, was named after its chairperson, the chief executive officer of the largest retail establishment and one of the largest employers in the community.

The Lazarus Committee functioned on a very low profile basis. It included top business and civic leaders of the community. The committee received its staff support from the executive directors of the United Way; the Mid-Ohio Regional Planning Commission, the metropolitan planning organization, and the United Community Council, the now - defunct health and welfare planning council which was funded exclusively by United Way.

On 31 August 1975, the Lazarus Committee presented a report outlining "a method of investigation and procedure for a new model social services system by treating its four components: planning, programming, implementing, and monitoring or evaluation." In addition, it recommended the formation of a time-limited committee and staff "to assume the challenge of developing that new model."

This report was accepted by the City, County, and United Way leadership. The mayor and the presidents of City Council, The Board of County Commissioners, and United Way held a news conference to jointly appoint a 27-member Citizens Committee for Human Services (CCHS). The work of this committee was to be financed by a $200,000 grant from the recently-formed Battelle Memorial Institute Foundation and was to be completed by October of 1976. The work of CCHS was primarily conducted through five sub-committees. The foundation grant was used to hire contract staff for the five organizations that supported the work of these sub-committees.

The Planning Sub-committee was staffed by the Mid-Ohio Regional Planning Commission. This committee researched and made recommendations on the following topics:

- Goal Setting
- Needs Assessment
- Forecasting and Evaluation of Alternatives
- Information Systems
- Coordination with Physical Planning and Development
- Community Participation Structures

The Programming Sub-committee was assisted by the United Community Council and produced a report that addressed the following issues:

- Setting Priority Needs and Programs
- Resource Development
- Program Design
- Allocations
- Program Review

The Implementing Sub-committee received staff support from a consulting firm through a contract with the Franklin County Welfare Department. While the other committees addressed issues of an administrative nature, this committee reviewed issues regarding direct services to clients. The issues contained in the Implementing Sub-committee's report included:

- Access to Services
- Case Planning/Case Management
- Transportation

Some of the more controversial issues in the human services system were assigned to the Monitoring/Evaluation Sub-committee. As a concession to a powerful group of service providers within the community, the YMCA, a member of that power bloc, was selected to provide staff support to this committee. The committee studied and recommended a system for:

- Program Evaluation
- Policy Evaluation

Finally, the work of these committees was coordinated by an Administrative Committee. This committee received staff support from the United Way, the designated lead agency for the entire venture. It included the top leadership of the CCHS and the chairpersons of each of the sub-committees as its members. This committee, like each of the others, had Technical Advisory Consultants which, in reality, were executives of major human services organizations in Franklin County.

While each of these committee prepared a stand-alone report on the issues they studied, the entire Citizens Committee for Human Services issued a report that represented consensus recommendations of the total committee membership. The overall committee was led by a tripartite group including an active volunteer in civic affairs, the chief executive officer of the largest savings and loan association in the community, and the president of an international corporation with home offices in Columbus. The major recommendations made by the CCHS included the following:

- The creation of a Metropolitan Policy Body (MPB) "to coordinate the work of individual social service agencies, provide staff support for them in areas of mutual concern, and establish both program and spending priorities on long and short-term bases."

- The bulk of the work undertaken by the MPB, be performed either on a purchase of service basis or "shared staff" basis and that only a small core staff be employed by the MPB to manage its operations.

- The formation of a Cabinet of Executives "comprised of the executive directors of major human service organizations...as a critical link between the MPB, systems and agencies to enhance the coordination and integration of service delivery."

- The development of a uniform and consolidated service access system for users of social services; and

- The development of a community participation process through a network of community councils.

These recommendations were officially presented to the City of Columbus, Franklin County, and United Way on 3 December 1976. The recommendations received unanimous endorsement. With receipt of a small but timely HEW Partnership Grant, the work of a consultant was financed, providing staff support for the formation of the Metropolitan Policy Body, renamed the Metropolitan Human Services Commission. By February 1977, a statement of first-year objectives and budget was presented to the newly-formed Metropolitan Human Services Commission at its first organizational meeting. The first-year work of the MHSC required $240,000, an amount shared equally by the City, County, and United Way. In effect, within two years, a project of major proportion moved through the stages of incubation, design, and implementation. In addition, with the exception of a modest HEW contribution that accounted for approximately 8 percent of incurred costs during this period, the remaining 92 percent, or $440,000 was entirely local in origin.

What factors contributed to the high level of community consensus surrounding the formation of the MHSC? How solid was the community consensus, particularly among service providers and consumer advocacy organizations? To what extent was the proposed mission of the MHSC commonly understood and accepted by the diverse interests surrounding most social services issues? What features were incorporated in the planned development of the MHSC that led the community's leadership structure to believe they could succeed in achieving the elusive goal of services integration while so many of the previous efforts in other communities had failed? To what extent can any generalization be developed from the Columbus experience that are transferable to other communities? Full answers to these important questions are not possible due to the limitations of the case study, but some understanding of the author's insight regarding these issues may be useful.

Like most issues that achieve a level of community consensus, the motivations that contributed to the development of the MHSC were diverse. From the public sector point of view, the elected officials of both city and county government were faced with making human services investment decisions which, in many instances, they felt ill-equipped to make. Little information existed regarding community needs and priorities. The political clout of a particular agency was, more often than not, the determining factor in allocation decisions. Pressures on elected officials to fund a variety of programs were both strenuous and continuous. Human services programs, although minor in relation to the more traditional municipal functions, for example, were absorbing more and more time, and becoming more and more controversial. Many elected officials believed that the MHSC could, in part, serve as a buffer for such pressures. They also hoped that unpopular, but necessary, decisions regarding priorities, allocations, and evaluations could be referred to the MHSC for consideration. Most importantly, there was a shared belief that there must be a better way of dealing with human services needs in the community.

The private voluntary sector's interests served by creating the MHSC were quite different. The perspective of service providers was clearly advocated by United Way. Emphasis was placed on the private voluntary sector's role in the delivery of services financed by the public sector. Clearly, the ability of raising private contributions to just keep pace with inflation was an increasing challenge for United Way. In many respects, the viability of the private voluntary sector depended upon its ability to access and use public sector resources.

Another factor that contributed to the private voluntary sector's interest in formation of the MHSC was general dissatisfaction with the community's health and welfare planning council. Columbus was not immune from the controversy of autonomy-versus-merger relative to the relationships between health and welfare planning councils and United Ways. The creation of MHSC presented an acceptable alternative to the continued existence of a health and welfare planning council that was perceived as not being effective. The merger of the planning council with United Way or the outright dissolution of the council became easier to accomplish. (Author's Note: This planning council dissolved in March of 1978, less than a year after the formation of the MHSC.)

Business and labor leaders were largely motivated by concerns with efficiency and effectiveness. They witnessed the tremendous growth of the human services enterprise in the 1960's and early '70's. New agencies were being created with little obvious attention paid to agencies already in existence. A general belief existed that human service organizations could and should be more "business-like" in the conduct of their activities. Alleviating "duplication of effort" and improving the planning and managing of human services were to be the hallmarks of this new organization.

Local service providers generally were anxious regarding the sudden and visible expressions of interest from the community leadership in issues surrounding human services. Initially, there were no provisions for actual involvement of service providers in the deliberations of CCHS. The entire membership of the CCHS consisted of lay leadership. Early in the process, "technical advisory consultants" were designated to work with each subcommittee. These consultants were the most visible service providers in the community. Maintaining a fragile but satisfactory level of agreement among and between the key service providers required a good deal of attention. Many United Way agencies, in particular, were concerned about aspects of the CCHS venture. On the one hand, dissatisfaction with the health and welfare planning council was a major contributing factor to the CCHS effort. Relationships between the service providers and the planning council were generally negative. On the other hand, the CCHS intended to make a series of recommendations around such sensitive issues as allocations, intake, and case management and program evaluation. Of all the topics studied by the CCHS, major concern revolved around these issues. In addition, the prospects of a metropolitan human services commission were disconcerting. Keeping the MHSC from becoming "a super agency" was the rallying point for many service providers.

This concern was most evident when the question of giving the MHSC allocation authority was considered. Public officials were willing to extend allocation authority to the MHSC subject to the limitations of law. The United Way clearly and effectively advocated the service provider perspective

on this and other issues. They were totally unwilling to give the MHSC allocation authority. Although an eventual compromise was worked out involving the use of MHSC products in allocations decisions, the level of disagreement surrounding this issue was not resolved and continues, to this day, to be a sensitive area for the MHSC, particularly with the private sector.

Other compromises were made to insure that the MHSC would never turn into the feared "super agency." Explicit limits were established regarding the number of staff the MHSC would employ. The core staff was never to exceed five to seven professionals. Its responsibilities were administrative. Most of the technical work required by MHSC was to be performed by contractors. "Shared staff" were to be contributed by human services systems.

The service providers pressed for direct participation on the proposed human services commission. On this issue, they lost. Service providers were explicitly barred from serving as members of the MHSC. A cabinet of executives, designed to give the chief executives of human services systems a role in advising the Commission and its staff, was recommended and adopted, however.

Consumer advocates and advocacy organizations were the most vocal in their opposition to the work of the CCHS and the proposed MHSC. The community's anti-poverty organization was the major voice of this opposition. It is interesting to note that both the anti-poverty organization and an ad-hoc committee on hunger had issued reports in previous years recommending the formation of a public/private human services planning and coordination organization similar to the proposed MHSC. Clearly, their opposition was to the process used to create the MHSC, not to the basic philosophy embodied in the proposal. The CCHS was considered by these opponents to be an elitist organization, dominated by "downtown" business and political interests. Not only was the anti-poverty organization excluded from the process leading up to the formation of the MHSC, they were omitted from membership on the newly-created organization in the first published draft of recommendations issued by the CCHS. This situation was reversed after extensive testimony was presented in opposition to the omission at a series of public hearings. That anti-poverty organization, which had been so vocal in its condemnation of the original proposal, is now a funder of the MHSC.

To conclude this section, striving for consensus was an explicit objective of the CCHS. It was not interested in arriving at the best theoretical model to achieve services integration. It was interested in arriving at a practical model that was both acceptable to the diverse elements of the community and capable of being implemented. Consensus was reached on the form, structure, and responsibilities of the MHSC:

- It would be a seventeen-member, non-profit organization consisting of lay individuals and elected officials either appointed or nominated to serve on the MHSC, representing either a particular organization or perspective (See Exhibit 1).

- It would be primarily financed by local sources to afford the organization greatest flexibility and to demonstrate the commitment of the City, County, and United Way to the new venture.

- It would receive advice and counsel from a Cabinet of Executives consisting of the chief executives of the major city departments involved in human services, county agencies, United Way, and its Professional Advisory Council, and the anti-poverty organization.

- It would maintain a small core staff for administrative purposes relying primarily on contractors and shared staff.

- It would initiate a first-year work effort focused on developing the organization, identifying community needs and services, increasing resources, developing priorities, and making allocation recommendations to the city and county (See Exhibit 2).

IMPLEMENTATION OF THE MHSC - 1977-1979

The first year of the MHSC's existence was an extremely active one. Pressured by the public sector to produce tangible products in its first year, particularly those that would be useful to allocations decisions, little time was available for the orderly development of the organization. There was no time to hire a staff. The option of entering into a management contract with the author's consulting firm was selected. In addition, the MHSC awarded two other contracts. One contract was for the performance of a community-wide needs assessment using survey research techniques. The other contract was for the conduct of the community's first comprehensive social service inventory.

The detailed design of these important planning tools was both lengthy and difficult. In addition to the newly-formed Cabinet of Executives, a Research Advisory Council (RAC) was established consisting of second and third-level administrative staff. The RAC assumed primary responsibility for design and liaison with contractors. Although the contribution of RAC members was highly valued, the dynamics of this group presented the first indication that the anxieties of middle management personnel regarding the MHSC had not been adequately addressed. A very important group of people with significant influence and control over the daily decisions made in human services systems were generally left out of the development process leading to the formation of the MHSC. Although generally positive, many members of the RAC were suspicious of the MHSC and concerned about the subsequent impact of the MHSC on their job duties, particularly with the emphasis placed on the use of MHSC products for allocation decisions. The general climate of RAC meetings complicated the detailed design of the needs assessment and services inventory efforts. These efforts were, however, accomplished.

EXHIBIT 1

MEMBERSHIP OF THE

METROPOLITAN HUMAN SERVICES COMMISSION

County Government	2	President of Board of County Commissioners and/or designee.	Board President
			Community leader employed by The Ohio State University who is also a columnist for a major weekly newspaper.
United Way	1	President of Board or designee.	Past President
Community Mental Health System	1	President of Board or designee.	President
Anti-Poverty Organization	1	President of Board or designee.	President
Labor	1	Central Ohio Labor Leaders Advisory Council.	President, AFL-CIO
Business	1	Chairman of Chamber of Commerce or designee.	Past Chairman
Foundations	1	Joint selection of Columbus Foundation and Battelle Memorial Institute Foundation.	Member of both governing boards
Community	4	Interim-community-wide nominations with recommendations from outside screening committee.	Former Director of Model Neighborhood Assembly
			President, League of Women Voters
			Welfare Rights and Legal Services Advocate.
At-Large	3		Leader of neighborhood civic association and local chapter of National Association of Black Social Workers.
		Health	Member of health systems agency board and national health organizations.
		Education	Past Dean of OSU College of Education and Special Master for Columbus school desegregation plan.
		Religion	President, Catholic Diocese Board of Education.

EXHIBIT 2

FIRST YEAR OBJECTIVES

AND BUDGET OF MHSC

Objectives	Total	Local $	Non-Local $
*Incorporate the MHSC, appoint members, secure funding, hire staff, convene Cabinet of Executives, maintain an effective communications program	$ 57,720	$ 35,520	$ 22,200[1]
*Convene a group of existing community organizations, provider agencies and others to define community council criteria and structure by 6/30/77	6,000		6,000[1]
*Identify social service needs of the community by 8/31/77	80,550	76,800	3,750[1]
*Develop a common language of service definitions and produce a social service inventory by 8/31/77	50,160	45,410	4,750[1]
*Work towards adoption of single evaluation system by all funders by 12/3/77	6,760	6,760	
*Develop a research development plan designed to attract new federal and state dollars by 4/1/77	8,000		8,000[1]
*Implement the Resource Development Plan by 6/30/77	35,040	35,040	0
Analyze major resources available to Franklin County by 11/15/77	4,560	4,560	0
Maintain funding relationship with HEW	2,000		2,000[1]
Develop and apply criteria for MHSC use in program ranking and review	31,350	31,350	-
Make allocation recommendations to city and county	4,560	4,560	-
Total	$286,700	240,000	46,700[1]

*Original objectives as proposed by CCHS

1 HEW Partnership Grant

From the outset there were difficulties at the board level. These difficulties centered around the diversity of backgrounds of the board members and the lack of a commonly-shared sense of purpose for the MHSC. There was a high degree of mistrust. There was also a high level of frustration with the technical aspects of the MHSC's work. In retrospect, many issues were brought to the board that were inappropriate. This occurred for two reasons. First, as an independent contractor, the consulting firm serving as administrative staff to the MHSC was in an awkward position to fully exercise an administrative function. The employees of this consulting firm were not, after all, a full-time staff. Second, an important segment of the Board wanted full involvement in every aspect of the MHSC's work. It is unclear whether this desire was motivated by distrust, a sincere interest in being involved, or some combination. Clearly, one of the factors contributing to the difficulties of the board was a set of expectations regarding products that forced the MHSC to maintain a rigorous timetable. This restrictive timetable prevented the board from addressing important issues in a thoughtful and deliberate manner.

Despite difficulties encountered at every level, the MHSC completed its major work effort on time, producing a first-year report that contained a priority ranking of programs based on the following criteria:

- Severity of Need - the extent to which programs serve people with critical, direct life-supporting need.
- Community Perceptions of Importance - the extent to which programs are perceived by the community as being important.
- Focus on the Poor - the extent to which programs serve the poor.
- Magnitude of Need - the extent and magnitude of indicated need for a particular program.
- Unmet Need - the extent to which a program serves people who are not now receiving services.

The public sector made an attempt to use the MHSC product for allocation decisions. The City was the first to use it. Unfortunately, an attempt was made to use the product exclusively as a justification for reducing the City's commitment to human services. Although all funds were restored by City Council, the MHSC's first visible product had been used for a negative purpose. Efforts were made by those agencies adversely affected by the MHSC's statement of priorities to discredit the work of the MHSC. Ironically, the United Way played a major role in this effort. As a review of Figure 1 will indicate, the bulk of United Way investments were being made in lower-ranked program areas. Consequently, United Way agencies would have been adversely affected by the City administration's intended actions. The City did not alter any allocation decisions as a result of the MHSC's work.

The experience with the County's use of the MHSC products in developing the Title XX services plan was more positive. All available information was

presented to the Title XX advisory committee on community needs, services, and priorities. Combined with interpretative judgements of the committee, the final services plan demonstrated a slight, but significant movement of resources in relation to MHSC priorities.

During this first year, the MHSC also designed its resource development program, an effort intended to increase the return of federal and state resources to the community. It also worked with the State of Ohio in resolving cash flow problems surrounding the Title XX effort. Finally, it completed all of the organizational development actions that were necessary for a functioning organization including the filing and receipt of 501-c(3) tax exempt status and the adoption of a code of regulations.

In 1978, the second year of the MHSC's existence, its proposed work effort received the same level of financial support from the City, County, and United Way. In addition, the anti-poverty organization contributed $40,000 to the MHSC's support. The decision was made to retain the author's consulting firm as part-time contract management staff with the intent of making the transition to a full-time, in-house staff in the last half of the year.

The Resource Development program designed in the previous year was implemented. The United Way was to implement the program under a contractual agreement with the MHSC. Discussions surrounding this contract presented the first test of the "small core staff" concept. A number of board members felt that the Resource Development function was best performed in-house. They questioned the ability of United Way to walk the fine line of equitably providing grantsmanship assistance to agencies irrespective of their affiliation with United Way. There were also feelings that gaining the contract was a way of reducing United Way's financial commitment to community human services planning. With receipt of a contract, United Way's net contribution to the MHSC would be $35,000 instead of the $80,000 being contributed by the City and County.

The MHSC also created an Information Services Bureau under contract with the Metropolitan Planning Organization (MPO). This agreement established the MPO as the repository for all of the MHSC's planning information on needs and services in the community. In addition, staff support was also contained in the agreement to assist agencies in the use of this and other information for their own planning purposes. One of the initial concerns was how the anticipated large number of requests for assistance could be best managed. As it turned out, the assistance had to be marketed to agencies. There seemed to be either an unwillingness or inability to incorporate the use of data in agency decision-making.

While 1977 was the formative year for the MHSC, the experiences of 1978 began to demonstrate both the benefits of and difficulties associated with a metropolitan policy body for human services. On the positive side, the MHSC mounted a significant community-wide effort to dissuade the director of the state welfare department from reducing the county's Title XX allocation. Like many states, Ohio had difficulty gearing up its Title XX program. In 1975, Ohio was not using nearly one-half of its Title XX entitlement. Counties that had the ability to use the funds were encouraged to do so irrespective of principles of fair share. As a result, Franklin County's expenditure level

FIGURE 1
PERCENTAGE OF KNOWN FUNDS FROM THREE SOURCES
ALLOCATED BY MHSC PROGRAM RANKINGS

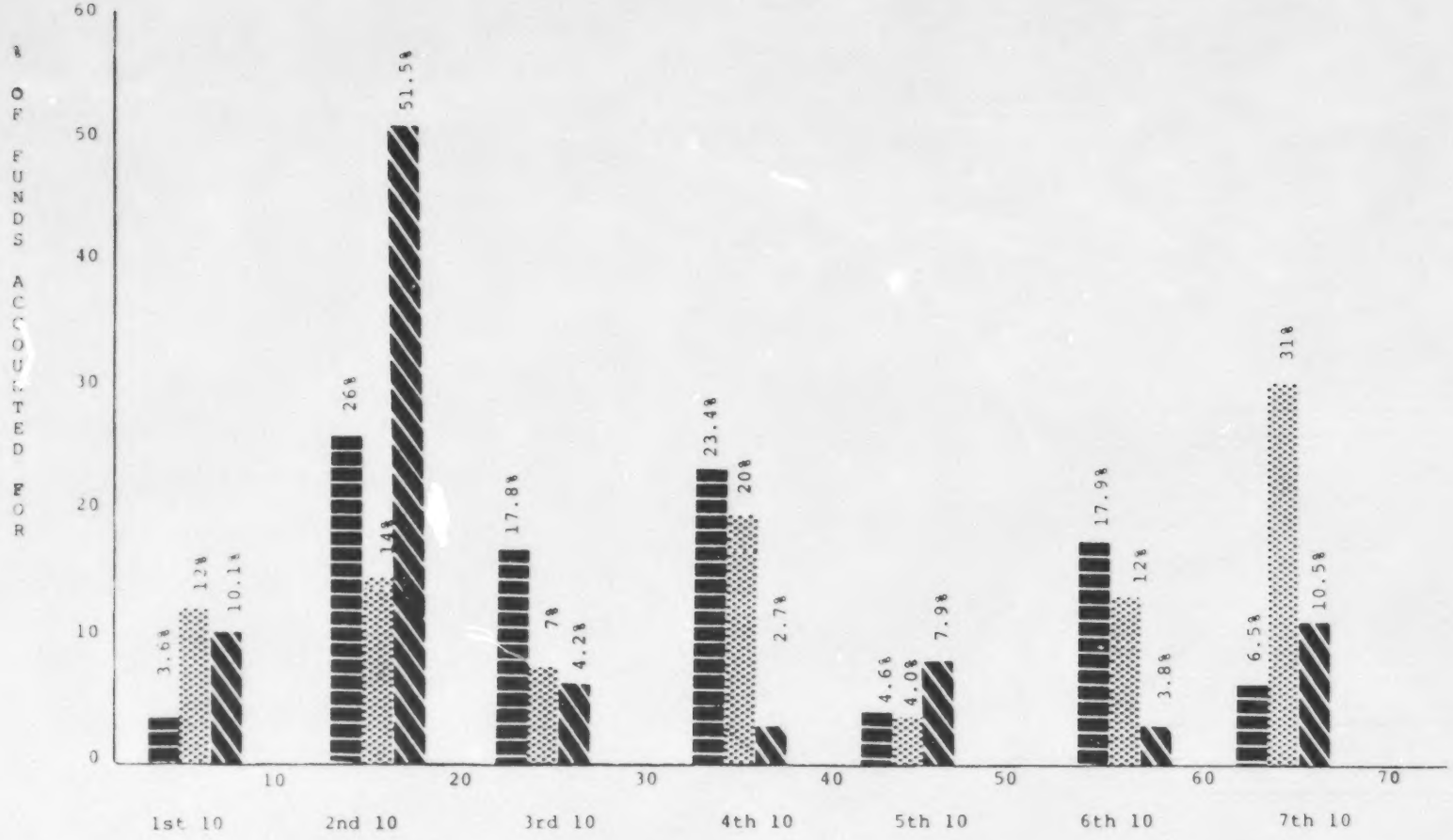

Figure 6-F % OF KNOWN FUNDS FROM THREE SOURCES ALLOCATED BY MHSC PROGRAM RANKINGS

TITLE XX ($14,233,191)
UNITED WAY ($5,092,037)
CITY GENERAL REVENUE SHARING ($2,867,132)

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was 200% of its per-capita share. Other counties, clamoring for their portion of the resources, jeopardized the service delivery system that had been developed in the local community. Serving as the convenor of agencies, interest groups, the state legislative delegation, and significant others, the MHSC was instrumental in getting the state to reverse its earlier decision to reduce the allocation by 51 percent. Business leaders that were central to the creation of the MHSC were particularly influential with the governor's office. A strong public/private sector initiative orchestrated by the MHSC resulted in the protection of important resources.

At the same time, the MHSC created a Title XX Options Committee to review the available alternatives to replace the lost Title XX funds. Particular emphasis was placed on a new local tax levy to finance human services. The MHSC adopted the position of asking the Children's Services Board to seek a 1.2 mill levy since it received approximately 62 percent of all Title XX funds coming into the county over the previous three years. The action of the state in reversing its decision averted the need for the mill levy at the last minute.

Another positive venture of the MHSC was an agreement to consolidate social services transportation. Achieving this end would demonstrate the MHSC's ability to implement the recommendations of previous studies that typically gathered dust on shelves. With the assistance of the local transportation planning agency, funders made commitments to a pilot project to test the cost benefits of such a consolidated venture. A proposal for up-front money was submitted to a local foundation. Positive action on the funding request would not occur until early in 1979.

The difficulties that would confront the MHSC in performing that portion of its role prescribed by the CCHS as the "development and maintenance of a consensus on coordinated policy-making, planning, and resource allocation between and within the public and private sectors," came into clear focus around the nagging issue of allocations and the designation of Columbus as one of fifteen sites in the nation for an employment-related welfare reform initiative, based on the public sector's continued interest in the issue of involving the MHSC in allocations decisions. The issues that were being pursued were uniform allocations timetables, lead funding responsibilities based on areas of services, increased leveraging of available matching funds and the funding responsibility for demonstration projects. Tentative agreements that were reached on these issues were scuttled when reviewed with service providers;United Way's involvement in the joint discussions ended. It was clear that enough providers were in opposition to joint allocations discussions under the auspice of the MHSC that United Way would no longer participate.

The Employment Opportunities Pilot Program, heralded as a $31,000,000 welfare reform initiative that would create 3,400 jobs in Franklin County, was closely aligned with the MHSC employment and income support priorities established in the previous year. Although enthusiastic about the potential of the program for the community, MHSC staff were concerned with two of the more apparent deficiencies in the program's design. First, it was not a welfare reform initiative because it completely ignored the disincentives within the income maintenance system that precluded a client from taking a minimum wage job on strictly economic grounds. Second, there were few resources to pay for job-related support services such as day care and transportation. Nevertheless,

the implementation phase was to be preceded by a one-year, $500,000 planning phase that seemed sufficient to at least address these issues. Given the priorities of the MHSC and an issue that was central to so many human services needs, a joint planning effort between the City/County Manpower Consortium and the MHSC was pursued. The MHSC staff submitted a proposal with the knowledge of the manpower administrator that prescribed a role for the MHSC in the design of an integrated service delivery system and a support services plan for clients. In addition, the MHSC proposed to research and seek waivers to income maintenance regulations that would prevent welfare recipients from fully benefiting from the program. Finally, the MHSC proposed to provide assistance in marketing the program to the private sector.

In presenting the proposal to the board of trustees for ratification, staff also prepared a resolution identifying a broad set of policy recommendations for the City/County Manpower Consortium to consider in program design. Although the resolution was reviewed with appropriate interest in advance of the meeting, the reaction to the MHSC's intended action resulted in a swift reaction from the Consortium. They clearly felt that any attempt on the part of the MHSC to take a position on a demonstration program, even one that was directly related to the stated program priorities of the MHSC, was highly inappropriate. Although feelings of the board members were evenly divided on the appropriateness of the proposed MHSC action, the resolution was tabled, never again to be reconsidered. With the exception of an analysis of the needs of the target population based on its earlier needs assessment, a product that was initiated by the MHSC as a way of demonstrating how needs data from a community survey could be useful in planning, the MHSC has had no significant involvement in this program.

There were many important consequences resulting from the MHSC's first effort to influence community policy regarding a major human services initiative. First, the MHSC was restricted from taking any position on issues that were among its top priorities, casting doubt on how well the organization would function as a metropolitan policy body. Second, the ability of the board of trustees to handle conflict that could not be resolved at a staff level and the willingness to use its influence to help guide the directions of this community program were questioned. It appeared that staff were expected to work out all differences and not use the board as a point of appeal, even when such differences continued to exist. Third, the first real test of the level of community consensus that existed regarding the role and purpose of the MHSC indicated that, at best, it was fairly shallow.

Rounding out this year's activity was the initiation of a fairly elaborate goal-setting activity as prescribed by the CCHS. This was the MHSC's first initiative long-range planning. With the lack of tangible results from the goal setting activity, coupled with the false starts of the MHSC identified earlier in this report, the Board of County Commissioners, in reviewing its continuing financial support to the MHSC, presented a clear position that the MHSC had to focus on activities that were more tangible and short-term to warrant continued support.

The year of 1979 was a hallmark year for the MHSC. Many accomplishments were realized. In retrospect, many factors contributed to this situation:

- The board of trustees was beginning to demonstrate more of an understanding regarding the MHSC's work. In addition, as a diverse group, they were working better together with much less suspicion and mistrust.

- The MHSC now had its own full-time staff dedicated entirely to the work of the organization.

- The funders, particularly the County, the City, and the community mental health system (the newest organization to contribute financial support to the MHSC), provided clear direction as to the short-term expectations they had for the organization.

- Tangible results of the MHSC's efforts were being clearly demonstrated and communicated to the community-at-large.

The Resource Development program initiated in the previous year through a contract with United Way was transferred back to the MHSC as an in-house function. It provided assistance to service providers resulting in the receipt of more than $250,000 from federal, state, and private sources. In addition, as a result of a feasibility study performed earlier regarding "inter-title transfers,"[1] the MHSC mounted a cooperative effort with the local child welfare agency to seek policy and legislative changes at the state level related to ADC-Foster Care. The issue was the historical reluctance of the state to fully exploit federal funds that were available to support this service. The bulk of these changes were realized. When fully implemented, an additional $300,000 of federal funds will be available to refinance services previously paid for by Title XX and local tax millage.

The consolidated transportation effort was a key initiative of the MHSC. With receipt of local foundation resources, the agencies that would be asked to consolidate their transportation services under a single administrative structure were identified. Extensive negotiations were conducted at a staff level between the MHSC and the three agencies involved. These negotiations focused on a wide range of issues which had to be resolved in order for consolidation to occur. After four months, there were a few remaining issues that could not be resolved at a staff level. These were escalated to a negotiations group consisting of board members from the involved organizations. MHSC staff served as the convenor and mediator for all of these negotiations. When the remaining issues were resolved, each of the organizations agreed to consolidate their services under a single administrative structure.

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[1] Inter-title transfers are efforts to refinance existing services paid for by a restrictive source of funds such as Title XX or local mill levies to a more open-ended entitlement program such as Title IV-A, AFDC-Foster Care or Title XIX Medicaid.

In reference to the continuing issue of allocations and the MHSC's role in the process, a very important accomplishment was realized during this year. At the joint request of City Council and the city administration, the MHSC designed an allocation plan for the city to use in deciding how to spend that portion of its general revenue sharing funds committed to human services. This procedure, adopted with some minor modifications in ordinance form by City Council, incorporated the priority needs of the community, as defined by the MHSC, into the allocations process. It also prescribed a role for City funding based, in part, on the responsibilities of other funders in the community.

Generally, the service providers were no happier with the MHSC's involvement in allocations this time around. The difference was the way in which the city clearly made its expectations known. Assistance in allocations decisions was a primary reason why the city supported creation of the MHSC in the first place. The strength of the joint request, combined with the techniques used by the MHSC to involve service providers in the design of the allocations plan were sufficient to allow the successful completion of this work effort.

As previously noted, the community mental health board was added as a funder of the MHSC in 1979. With their support, the MHSC launched its first efforts to deal with the issue of deinstitutionalization. Without taking a position on the pros or cons of the deinstitutionalization strategies being implemented by state departments, particularly those involving the mentally ill, mentally retarded, and juvenile offenders, the MHSC launched an effort to determine the impact of group homes on residential property values. The study revealed that group homes have no influence, one way or the other, on surrounding residential property values. This study received widespread exposure within the community. The MHSC also documented the real estate acquisition procedures used by systems that sponsored community living facilities.

Another major work effort initiated during 1979 was the Management Information and Improvement Project. This project was designed to reduce the administrative burden experienced by human services agencies that receive operating money from two or more local funding sources. The major issues that received attention included variations in funding cycles, differences in cost reporting requirements and service terminology, and overlaps in fiscal audit requirements. The first phase of the effort documented that the cost of these burdens approximated $175,000. The second phase of the effort will be implemented in 1980 including a single audit procedure, a uniform application for funding, uniform program terminologies and definitions for use by funders and agencies.

The MHSC responded to numerous requests from the public sector to perform special activities on their behalf. Primary among these activities were the following:

- a study of the food stamp program operated by the county welfare department;
- a study of day care costs and a recommended rate for Title XX-funded day care;

- a study of employment needs of target populations including displaced homemakers and ex-offenders;
- convening involved agencies and providing staff support in the development of improved service coordination strategies in the areas of domestic violence and adolescent pregnancy; and
- developing an emergency services contingency plan that defined the specific responsibilities of human services agencies in the event of a community disaster.

Participation in a national urban policy demonstration called the Negotiated Investment Strategy culminated a highly successful year. The City of Columbus joined two other cities in the nation, with support from the Kettering Foundation and Ford Foundation. This innovative approach to intergovernmental conflicts involves federal, state, and local teams working through a professional mediating group to develop funding, program, and policy strategies that meet goals commonly shared by all three levels of government. The local team was headed by the Mayor and included the executive of the MHSC. The state team was appointed by the governor, and the federal team was the Federal Regional Council. One of the two human service items on the agenda was maximizing fiscal resources from Title XIX-Medicaid to finance community-based services for special populations. The other issue concerned identification of the excessive accountability requirements inherent in some federal programs. Some requirements often become barriers to effective service delivery. The agreement will be completed in April 1980 and will serve as the basis for improved intergovernmental relationships regarding issues of common concern.

CONCLUSIONS

As a result of the author's involvement in both the design and implementation of the MHSC, the following conclusions are reached. Obviously, these conclusions are colored by the role and perspective of the author as the chief staff person to the MHSC, primarily responsible for day-to-day operations.

1. The existence of the MHSC is primarily based on the fact that key civic and political leaders in the community want it to exist. The aspirations that these leaders hold out for the MHSC are generally not shared at a technical staff level of funding systems which are fairly central to the day-to-day decisions in human services and are essential to the optimum results of the MHSC.

2. Business leaders are a critical resource that few people in human services know how to use in a positive sense. They serve as the critical bridge between the public and private sectors. Clear communication, free of a lot of professional jargon, is central to gaining the support of business leadership.

3. Any organization that is established to exclusively plan and coordinate at the policy level is going to fail. There is little interest in long range planning approaches to human services issues. For an organization like the MHSC to succeed, it must produce short term, tangible results that can easily be understood. It must demonstrate its ability to solve problems of an immediate nature.

4. The environment of human services is very complex. Conflicting values and expectations will always surround an organization such as the MHSC. It must carefully define its constituencies, determine what they value that an organization like the MHSC can provide and then attempt to fulfill these needs.

5. Local core funding from varied sources for an organization such as the MHSC is absolutely essential to demonstrate the community's commitment to improved planning and coordination. It is also important to legitimize the organization and provide it with the necessary flexibility to respond to appropriate community needs. A variable funding base is an effective stabilizing device for an organization as fragile as the MHSC since no single funder wants to appear as the "spoiler," knowing that the decisions of one funder will effect the decisions of all other funders.

6. There is a demonstrated need and benefit associated with the existence of an organization such as the MHSC over and above its contribution to coordinated policy planning and the elusive goal of service integration.

7. An organization like the MHSC does not need allocation authority to be effective, but a defined relationship has to exist between the products of such an organization and the allocation decisions that are annually made by community funders.

8. The public sector has been more involved in developing and using the products of the MHSC than the private voluntary sector. This may be true because there is not the close relationship between funders and providers similar to the voluntary sector. Also, the public sector is more used to public scrutiny and involvement in decision-making.

9. Meaningful citizen participation processes are difficult to develop, particularly when an organization such as the MHSC is only advisory in nature.

10. MHSC may have waited too long in terms of hiring its permanent staff. It resulted in a lack of identity for the MHSC and an inability for staff to exercise strong direction at the administrative level. On the other hand, given the potential threat of the MHSC to many, the low-profile approach associated with use of a management firm had its benefits. In addition, the board was afforded the opportunity to develop its own strength since its reliance on a management firm was to be temporary.

11. The essential qualities in staff for an organization like the MHSC are management generalists with a thorough understanding of the community in which they are working.

12. Constant attention must be addressed to the risk of staff accelerating at a rate that exceeds the lay board's ability to perform their policy-making role. Although there will always be a healthy sort of tension in terms of a paid staff challenging the capacity of a volunteer board, for an organization like the MHSC to work, it must have a board that fulfills its policy-making function in a responsible and deliberate manner.

13. Producing a report is only useful if the same group that prepared it assumes the responsibility for developing consensus and following-up on the steps necessary for implementation.

THE WYOMING HUMAN SERVICES PROJECT: A MULTIDISCIPLINARY APPROACH TO HUMAN SERVICES DELIVERY IN ENERGY - IMPACTED COMMUNITIES

CASE STUDY

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CASE STUDY

This case study derives from the author's experience as one of the originators and first project director of the Wyoming Human Services Project. The case study will begin with a statement on the characteristics of energy-impacted communities and how these characteristics influence the provision of human services. The operation of the Wyoming Human Services Project will then be described. Finally, a discussion of industry funding of one of the components of the project will address the issue of public-private cooperation in the provision of human services.

An Overview of Energy-Impacted Communities and Human Service Needs

The term "energy-impacted community" is used to refer to communities that are experiencing rapid population growth as a result of the development of energy resources, such as coal, oil, oil shale, gas, and uranium. In the western United States most affected communities are small and rural. In 1978, for example, 63.6 percent of 325 communities in Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming subject to energy-related growth has populations of less than 2,001. Surprisingly, the populations of these communities add up to a little over one million, although only about one quarter are located within 100 miles of a metropolitan area (Region VIII Department of Energy, 1979; Uhlmann, 1978).

Prior to the growth and industrialization associated with energy development, pre-impact communities have many characteristics related to the out-migration of population from rural areas. Until very recently this trend, a result of the mechanization of agriculture, has affected rural communities nationally. Thus, many rural western communities have been left with few employment opportunities, low tax bases, and near capacity use of existing community facilities. In addition, full-time, professional administrative staff that can provide leadership in times of rapid community growth is not available. Only 27.3 percent of the communities mentioned above have either a full-time mayor or city manager.

The major implications of these characteristics of pre-impact communities for human service delivery are the following:

- Pre-impact rural communities in the West have serious existing needs for human services before growth occurs.
- In a situation of rapid community growth, in addition to providing for the needs of an influx of new residents, rural communities must play "catch up" to meet the needs of the existing population.
- The large proportion of senior citizens found in pre-impact communities (as a result of out-migration) results in fewer working-age adults available to provide a manpower base and to bear the economic costs of providing human services.

- Revenues available to the pre-impact community through taxes and reinvestment in the local economy are low. Bonding capacities are also typically low.

- When money does become available for public services and facilities through grants, loans, or reallocation of taxes, "bricks and mortar" projects such as water and sewer treatment facilities, streets and roads, or school buildings tend to be given high priority.

- Human services such as public health, mental health, or social services that require funds primarily for staff and programs rather than for facilities tend to be neglected. They are neglected because it is difficult to obtain operating funds and because the results of investment in human services are difficult for public officials to evaluate.

It is important to note that prior to rapid growth, many of the human service needs in rural western communities are met informally through families, friends, and neighbors. Individuals in need of specialized human services often must travel long distances to obtain such care. For many this is an acceptable trade-off--conditions that outside evaluators may perceive as deficiencies in the human services system may be satisfactory to local residents. In fact, the individualistic and personalistic ethics are typically quite strong in these communities.

With rapid population growth, human services needs in areas such as social services, mental health, health care, education, local government, housing, employment, recreation, and youth and seniors' services increase dramatically. The increase in needs is related to simple population growth, as well as the rapid rate at which growth occurs. The changing composition of the population from predominantly an older population to a younger population also creates new human services needs, such as the need for obstetrical care or family planning services.

As would be expected from the discussion of the characteristics of pre-impact communities, there are few formal resources for dealing with the human problems that arise as the result of rapid growth. To illustrate, Table 1 presents information on resource availability in 40 critically impacted communities. In addition, when rapid growth occurs, the informal networks that are traditional mechanisms for providing human services in the community are disrupted. For the long-term resident, networks begin to disintegrate as the community changes physically, socially, and politically. They simply do not exist for the newcomer. An indication that the lives of all residents are affected is the fact that human services providers in energy-impacted communities frequently report that their case loads are evenly divided between long-term residents and newcomers.

The Development of the Wyoming Human Services Project

In 1974 a multidisciplinary faculty group at the University of Wyoming planned the Wyoming Human Services Project as a response to the needs of energy-impacted communities in the state. Faculty from the disciplines of social work, law, communications, planning, psychology, and anthropology

TABLE 1. SHORTAGE OF RESOURCES AVAILABLE TO MEET HUMAN SERVICE NEEDS IN FORTY CRITICALLY IMPACTED WESTERN COMMUNITIES*

Service/Facility	Percent	Service/Facility	Percent
less than 2 parks	37.5	no physician's assistant or nurse practitioner	70.0
less than 2 ball fields	45.0		
no indoor swimming pool	70.0	no maternity care available in community	40.0
no outdoor swimming pool	60.0	no hospital	67.5
no movie theaters	47.5	no family planning services available in community	60.0
less than 2 gyms	40.0		
no recreation center	67.5	no private day care	60.0
no bowling alley	62.5	no public day care	85.0
no recreation program	32.5	no youth center	82.5
summer recreation program only	32.5	no legal services	45.0
		no library services	17.5
no municipal recreation department	72.5	no employment office	67.5
		no seniors organization	27.5
no mental health center in community	70.0	no seniors center	50.0
no alcohol-drug abuse counseling services	52.5	no subsidized housing for seniors	75.0
no social services office	57.5	no chamber of commerce	50.0
no full-time physicians	42.5	no United Fund campaign	75.0
no public health nurses	25.0	no Association for Retarded Citizens	80.0
no dentists	45.0		
no optometrists	70.0	no vocational rehabilitation services	72.5
		no adult education programs	22.5

*Julie M. Uhlmann, Providing Human Services in Energy Impacted Communities, Economic Development Administration, Rocky Mountain Regional Office, 1978, p. 26.

constituted the group. One of the goals of the group was to design a project that would go beyond the traditional research and teaching functions of the University and provide a service outreach to the state. A second goal was to develop a training program for students in professional disciplines that would instill some of the skills and attitudes necessary for multidisciplinary teamwork. In a world where problems are increasingly complex, it was the faculty group's feeling that no one disciplinary point of view could adequately address this complexity (cf., Schein, 1972). However, most students in professional training programs (e.g., social work, law, clinical psychology, medicine) are narrowly socialized to the attitudes, ethics, and approaches of their discipline, making it difficult for them to work cooperatively with other human service professionals.

Thus, after a number of discussions among the faculty and with human service providers and local officials in several Wyoming communities, the Wyoming Human Services Project was designed. It received its first and largest amount of funding from the National Institute of Mental Health in late 1975. These funds supported the training program and project administration for a five year period. The community team component of the project has been funded by a variety of government, industry, and local sources.

A Description of the Wyoming Human Services Project

The basic plan of the Wyoming Human Services Project was to train and place multidisciplinary teams of human service professionals, on a yearly basis, in energy-impacted Wyoming communities. Thus, the program had two components: a training component and a service delivery component. These two components will be discussed in more detail below.

Students in their final year of course work at the University of Wyoming were selected for participation in the training program on the basis of academic credentials, recommendations, and interviews with the multidisciplinary training faculty. Approximately half of the students were completing an undergraduate degree and the other half a graduate program. In keeping with the multidisciplinary emphasis of the program, students were admitted from a wide range of human service related disciplines such as social work, law, nursing, clinical psychology, recreation, public administration, anthropology, theatre, and fine arts.

The training program consisted of a two semester sequence--one three credit hour course each semester--taught by the multidisciplinary project faculty. The content of the training program dealt with (1) the characteristics of energy-impacted communities, (2) teamwork skills, (3) an overview of human services available in communities, (4) grantsmanship, (5) planning, and (6) community organization/development techniques. Much of the learning was experiential. For example, numerous field trips were taken to energy-impacted communities in the state to meet with local officials and human service providers.

After completing the two semester course sequence and upon graduation from the University, students were chosen from the training program to serve on community teams. Those chosen completed an intensive summer training program. Much of this time was spent in the communities where the team members would be placed overlapping with and phasing into the work of the previous year's team.

Community team members were no longer students but newly graduated, salaried professionals. A typical team consisted of five multidisciplinary members. For example, a team might consist of a nurse, social worker, attorney, clinical psychologist, and recreation specialist. Team members spent half of their work-time as a professional staff person in a human service area such as law enforcement, mental health, social services, recreation, public health, or public administration. The other half of their work-time was spent with other team members designing and implementing community human service projects.

One of the essential elements of the Wyoming Human Services Project model was the relationship between agency work and teamwork. There were several reasons for the even division of time between these two activities in the project design. Placing team members in community human service agencies provided immediate assistance to burdened agencies in the busy boom town situation. Newly graduated professionals also needed agency experience so that they could understand and bring back to the team as a whole the concerns and perspectives of a variety of agencies. Lastly, agency affiliation legitimized the team members' presence in the community.

Community Teamwork Activities

Although the team members performed many valuable functions in their agencies (some initiated new agencies or services in the community), the most innovative aspect of the project was the multidisciplinary teamwork. Here the emphasis was upon designing and implementing projects that would crosscut and coordinate the interests of a number of community agencies. A discussion of the rationale for this aspect of the project design follows.

Commonly, human service delivery is organized categorically--both within a particular human service agency and between various agencies in a community. While it is necessary and efficient for some tasks and responsibilities to be assigned in this manner (assuming program goals have been agreed upon), there are a number of human service needs that will not be addressed by this traditional service delivery strategy. These are the human service needs that are not primarily the responsibility of any one human service provider in the community, while at the same time frequently affecting many.

Consider, for example, a community in which there are no temporary accommodations for adolescent youth with legal or emotional problems. The need for temporary shelter may have been noticed by a number of human services providers. A caseworker in the local social services office may have noted the need for such facilities because of the number of runaways and children from family crisis situations for whom there were few viable placement alternatives; the city administrator may be in the process of writing a grant for a police youth officer in response to the increased number of juveniles requiring the attention of the police department; and the public health nurse in the course of a home visit may have located a child who needed to be placed outside of the home on a temporary basis. All of these human service professionals could identify and are affected by the need for temporary shelter for youth. However, whose job is it to address the problem? The problem affects all; yet it is not the specific responsibility of any agency to design a solution. It is the kind of human services need in an energy-impacted community that can "fall between the cracks" of the existing agency structure.

It is just such problems that multidisciplinary human services teams can address. Such teams, with members freed from specific agency responsibilities, can accomplish the tasks that are necessary to establish a project or program in the community that crosscuts agency interests. The temporary shelter for adolescent youth mentioned above, for example, could be a critically needed facility that personnel in any one human service agency, where the primary responsibility is to agency tasks, would have little or no time to organize.

Since a multidisciplinary team draws members from a variety of interests, agency affiliations, and professional backgrounds, it has the additional advantage of having a wide range of skills and knowledge available through its members. This diversified expertise would not be found in a single human services agency where professional personnel tend to have the same training and orientation.

Since the inception of the Wyoming Human Services Project in 1975, seven multidisciplinary teams have been placed in three rapidly growing Wyoming communities. They have accomplished over 30 team projects ranging in scope from the establishment of a Youth Emergency Services Home and counseling service for drug and alcohol abusers to writing a newcomers manual.

The community organization approach used by the team in establishing these projects was that of facilitation. Teams worked from needs identified by community members in order to establish projects and programs within the community that did not depend upon the team for existence. The steps used to achieve this goal included the following sequence of events:

- A team project was conceptualized based on the shared agency experience of team members; the expressed needs of local citizens communicated directly to the team or through a community advisory board; ideas generated by the community advisory board; and/or a community needs assessment.

- After a project was agreed upon, the team then organized community persons to spearhead the project. These individuals formed a community steering committee. This step was critical since willingness of local citizens to serve on a community steering committee was an indication of perceived need and support.

- The third step involved the generation of information for the steering committee and community at large on various alternatives available for the proposed project. Community meetings were then organized to present this information.

- The necessary funding and resources to make the project operational were then located by the team.

- Finally, the team phased out of the project as it came increasingly under the direction of the community steering committee. During phase-out, members of the team sometimes acted in a consultant capacity. For example, an attorney on the team might complete the legal incorporation or tax status work for the community steering committee.

Although facilitation is one of the oldest and most traditional forms of community organization, it has been extremely successful in the small, western boom town for several reasons. First, team members acting as catalysts to initiate projects based on felt needs in the community were not viewed as outsiders imposing new and unwelcome ideas upon the community. Secondly, community persons felt ownership from the very beginning of a project. This feeling of local involvement and support was critical in terms of sustaining a project after the Wyoming Human Services team left the community.

Public-Private Cooperation: The Interface with Industry

One of the major sources for funding of the Wyoming Human Services Project was the Missouri Basin Power Cooperative. This utility funded a community team in Platte County, Wyoming for a three year period. The development of this funding support provides an excellent example of public-private cooperation, as well as of growth management in an energy-impacted community.

The economy of Platte County, Wyoming prior to energy development was based on ranching and irrigated agriculture. The trade center of Wheatland, a community of some 2,500 people, was the largest population center in the county. In June of 1974 the Missouri Basin Power Project announced its intention to construct a 1,500 megawatt electrical generating plant in the Wheatland area.

In August of 1974 the Platte County Impact Alleviation Task Force was formed. The official members of the Task Force were representatives of the major political subdivisions in Platte County, heads of the human service agencies in the county, business leaders, representatives of civic groups, and interested citizens. In addition, any interested individuals who were not official members could attend the monthly meetings.

The Task Force was originally organized with the support and encouragement of the Missouri Basin Power Project, which has continued to participate and lend technical assistance. The purpose of the Task Force was to plan for growth, implement specific mitigation procedures, and evaluate the results of impact mitigation programs. It was a citizens' organization with no legal basis; however, it made decisions and implemented programs that had long-range consequences for the county. It was also a forum for information exchange and discussion of issues reminiscent of a town meeting.

In 1974 the Task Force began its work by arranging for a community needs assessment. With regard to human services, comprehensive reports on the present status and future needs for human services were prepared. The Platte County Task Force then formed committees to consider specific areas of community concern. For example, committees on health, housing, transportation, day care, and human services were formed.

The committee on human services had heard about the activities of the Wyoming Human Services Project in another Wyoming community and contacted the project administration. A series of conferences exploring the activities of the project were held with both the human services committee of the Task Force and the Missouri Basin Power Cooperative. These discussions led to the decision to place a series of project teams in the community over a three year period. Although the teams were funded by the utility, the money was administered by the county.

The community of Wheatland, where a major portion of the new population in the county is located, has now doubled in size. Because of the planning and many impact mitigation procedures implemented, the facilities and services available in Platte County have been adequate to serve the rapidly growing population. Public-private cooperation in growth management paid off for industry too. In the summer of 1978 the Wyoming Industriai Siting Council granted the Missouri Basin Power Project permission for advance scheduling of the construction of the third unit of the power plant and raised the work force ceiling.

Finally, it should be noted that an important factor contributing to public-private cooperation in Platte County was Wyoming Plant Siting legislation. This legislation, passed in 1975, stipulates that projects costing over 74.6 million dollars must document the socioeconomic impacts of the development and provide for impact mitigation. The fact that the Missouri Basin Power Project was subject to this legislation and, consequently, to providing for mitigation in the area of human services was influential in the funding of the Wyoming Human Services Project community team.

Public-Private Cooperation in the Provision of Human Services in Western Energy-Impacted Communities: Conclusions

There is a growing trend toward the involvement of industry in human services provision in western energy-impacted communities. There are quite a few examples of industry involvement in housing, education, and health care. Less frequent involvement is found in such areas as the provision of day care or mental health services. However, in general, resource development industries are becoming increasingly aware of the need for support of human services in order to recruit a high quality work force to isolated rural areas and minimize absenteeism, labor turnover, and productivity losses. Considering the imminency of labor intensive projects in the West requiring a skilled work force, such as the development of synthetic fuels plants or the MX missile system, these concerns will continue to be salient to industry.

Another factor influencing the participation of industry in the provision of human services in energy boom towns is state and federal impact legislation. The National Environmental Policy Act of 1969 is the most influential piece of legislation. This act provides for the preparation of environmental impact statements whenever major federal actions significantly affecting the quality of the human environment occur. For example, if the U.S. Forest Service grants a land use change permit in order for a coal mine to be constructed on public lands, a "major federal action" for which an environmental impact statement would have to be prepared would be considered to have occurred. These environmental impact statements have

facilitated the identification of social and economic impacts and increasing awareness of the need to mitigate impacts.

Currently, 18 states and Puerto Rico also have legislation requiring impact assessment and/or mitigation (McEvoy and Dietz, 1978). A number of these states are in the West. For example, in 1975 North Dakota passed rigorous plant siting legislation. Montana has a state environmental protection law, plant siting legislation, and a 30 percent coal severance tax. Wyoming's Plant Siting Act was mentioned above.

In conclusion, there is a growing consensus on the part of both the public and private sector that the industry impacting a locality bears some responsibility for the dislocations it generates. Thus, resource development industries may provide an increasingly important alternative to the provision of publicly funded human services in energy-impacted communities.

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HUMAN SERVICES NETWORK BUILDING AT THE LOCAL LEVEL

CONCEPT PAPER

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CONCEPT PAPER

The purpose of this paper is to identify and explore issues that have arisen through experience with the building of human services networks at the local level. In spite of the fact that there is still much to be learned in regard to these issues, some tentative conclusions can be reached that could be transferable to other communities attempting to address human services problems in this way. It is hoped that this paper might be helpful to such communities.

Network building will be discussed as a tool or a means to achieve a variety of purposes to be approached differently depending on what the builders intend to accomplish. This paper will focus on the type of network building that brings together policy making officials of local general purpose governments and private funders to address problems of duplication and fragmentation in the planning, funding and delivery of human services. While some reference will be made to the more technical and management based strategies, the paper will emphasize network building of a political nature with purposes of institutional reform. The paper will be less concerned with networking designed solely to coordinate the delivery of human services, nor will it directly address networking among human service personnel such as professional associations.

Prevailing Conditions

Network building can be seen as a response to prevailing conditions in a local community. The issues identified in this paper derive essentially from local networking efforts attempted under the following prevailing conditions.

1. The availability of public financing for human services is shrinking due to inflation, tax cuts and shifts in public priorities, even though the need for most services continues to increase. The cost of welfare and related social service programs was a frequently cited reason for the strong public support in 1978 for Proposition 13, the constitutional amendment in California sponsored by Howard Jarvis that reduced property taxes (a major source of revenue for local government). While Proposition 9 (another Jarvis initiative to slice state income taxes) failed in the recent 1980 elections, public attitude still prevails that government is not working and cannot address the problems of our communities.

2. The shrinking availability of funds for human services has served to increase the polarization among service providing agencies (and their related client-constituencies) fighting for survival, thus pitting seniors, disabled children, minorities and the unemployed against one another in local political arenas. While individual agencies may succeed in acquiring funding, local officials lose confidence in human service ventures, and political solidarity at the neighbordhood level is damaged.

3. Human service delivery systems at the local level continue to be fragmented due to a confusing mixture of federal, state and local government policies and administrative controls. Each new federal initiative and related set of programs have been overlayed on the previous ones without the foresight that confusion would thereby be created in local communities, often resulting in human service agencies working at cross purposes with one another.

4. There is a frequent and traditional reluctance of the different levels of government to work cooperatively together. State, regional, county and city governments are structured in part to serve as a check and balance to one another and to that extent approach one another somewhat as political adversaries. This makes policy level cooperation in the human services field a difficult venture.

5. The voluntary funding sector (United Way, private foundations, etc.) with some significant exceptions, tend to display a reluctance to work cooperatively with local government. The United Way of America in the late 1960s and early 1970s developed some innovative approaches to public and private cooperative funding of social services at the local level, and private foundations have been known to provide matching funds for government grants. These cases are exceptions to the prevailing tendency of these private and voluntary sources to allocate their funds without regard to funding decisions of the governmental sector.

6. Public health and welfare service delivery systems administered by local governments and human service operations of private, non-profit community agencies have been established independently of each other. They frequently compete for similar clients, and neither tend to serve less desirable clients or those residing in less accessible communities.

7. Local elected officials often lack sufficient information to help them make rational allocation decisions. This includes data about social needs of the community, resources that exist to meet these needs and findings of evaluations conducted to measure program effectiveness, cost effectiveness and the relative merit of differing approaches to addressing similar problems. There is a corresponding misconception of some local elected officials, however, that to possess this information in its most comprehensive form would eliminate political considerations from their funding decisions. Social planners and other human service workers have a responsibility to not oversell the value of their information products to local officials.

8. Frequent turnover of local elected officials causes problems of continuity in any approach to rationalizing human service funding and other policy decisions. The basic comprehension of the variety of funding sources, the jurisdiction's finding and policy history, the funding, history of related jurisdictions and the issues to consider in reviewing alternative approaches to human services policy formation is difficult and challenging for the new office holder.

History of Local Government and Human Services Funding

The reasons for these prevailing conditions can be better understood through a brief historical review of human services funding through local government. Prior to the 1970s the experience of local government with the funding of human services was largely through the categorical grant system. Categorical grants were usually initiated by federal legislation designed to address specific programs of national priority. One of the first of these was the Vocational Education Act of 1916. By the late 1960s hundreds of separate grant programs to state and local government and to private non-profit organizations were administered by a complex array of federal agencies located in the Departments of Health, Education and Welfare, Housing and Urban Development, Agriculture, Justice, Interior, Labor, Commerce, Transportation and the Office of the President.

In 1975, the Study Committee on Policy Management Assistance, an effort of the Office of Management and Budget to review federal assistance, identified three ways in which federal categorical programs impeded effective state and local management.

> Federal assistance is fragmented, making it difficult to administer and use. Of the 1976 total of $55.6 billion in federal aid to state and local government, only $13.4 billion was in block grants and revenue sharing; the remainder was distributed through 1,100 categorical grant programs. In the health area alone, 10 federal agencies administer 230 separate programs. The Comptroller General of the United States noted the substantial problems that occur when state and local governments attempt to identify, obtain and use federal assistance to meet their needs.
>
> The regulations, guidelines and practices governing categorical assistance programs frequently have been confusing and unresponsive to local needs and priorities. A recent survey of 868 cities found only one in four that felt federal agencies adjusted their programs to local conditions more than occasionally...
>
> Federal domestic assistance often goes directly to non-governmental or special purpose agencies by-passing key state and local management capacity...The former Executive Vice President of the National League of Cities, Allen E. Pritchard, said that this process of creating bureaucracies outside the scope of local governments makes it impossible for a mayor and city council to make realistic city policy.1/

Similarly, the Advisory Commission on Governmental Relations in a 1977 study identified a variety of criticisms of the categorical system, including:

- widespread inconsistencies among grant programs, procedures and requirements,
- wasteful duplication of effort, with a number of federal agencies providing assistance for similar identical purposes,
- conflicting or inconsistent program objectives (or effects),

- inadequate dissemination of information concerning grant programs and requirements,
- by-passing local governments and/or elected state and local officials,
- distortion of priorities and weakening overall long-range planning in recipient jurisdictions,
- the failure of federal agencies to cooperate in support of a project or objective, and
- conflicts between federal regulations and state and local laws, procedures and capabilities.2/

The federal government began to recognize the problems for local government created by categorical assistance in 1966, with President Johnson's "creative federalism" which provided a method of prior consultation between the Executive Branch and the National Governor's Conference, the National League of Cities and the National Association of Counties.3/ In 1967, the Green Amendment to the Economic Opportunity Act gave local governments the specific option to assume control over non-governmental community action agencies which had directly received federal funds for a wide range of local human service programs by-passing those local governments.

An increasing federal focus on building the capacity of local elected officials to coordinate the planning of local services resulted in the 701 Comprehensive Planning Program administered by the Department of Housing and Urban Development (HUD) and the Comprehensive Area Manpower Planning Systems (CAMPS) by the Department of Labor (DOL). The provision in the HUD Model Cities program that allowed designated model cities to use these funds to meet matching fund requirements for related federal grants, in addition to the planned variations allowed some model cities, was another incentive for increasing the capabilities of local cities in comprehensive planning and coordination with other jurisdictions.

In the late 1960s President Nixon advanced "New Federalism" as a way to shift responsibility for planning and administering local programs from the federal to local and state levels. It was also the objective of New Federalism to reduce red tape through the "block grant" rather than categorical approaches and to increase the accessibility of these agencies to state and local officials. New Federalism was formally implemented through the enactment of General Revenue Sharing in 1972, the Comprehensive Employment and Training Act (DOL) in 1973, the Housing and Community Development Act (HUD) in 1974 and Title XX, the DHEW Social Services Program in 1974. Each of these programs posed new demands on and provided new opportunities to local elected officials. Ideally, state, county and city governments were to have new federal revenues to directly address employment, housing, social services and related problems as they saw them. In fact, the new federalism programs amalgamated varieties of established categorical programs, and the former recipients of these categorical funds were redirected by federal agencies to the chambers of local government to appeal for continued funding. It was soon clear to local officials that "New Federalism" funding levels were insufficient to sustain previously funded public and private programs and launch new efforts and directions as well. Additionally, the entrenched federal departments were loathe to surrender their authority over policy interpretation and the formation of administrative guidelines, and the federal regulations governing these programs seemed to subvert the general intent of Congress and

Nixon's New Federalism philosophy to shift control and decision making to the local level. Perhaps the least successful shift of control from the federal to local authorities was in the Title XX program, particularly in those states where program operation was at the county or city level. The complexity of federal and state Title XX regulations saw little expansion in the decision making options of local government from the "categorical" Title IV-A and related titles of the Social Security Act. In fact, the openended appropriations feature of these titles enabled a number of local governments to fund a variety of optional services, particularly child day care, that responded to local needs. The United Way of America embarked on an innovative partnership with local government in a number of test cities, with the United Way providing the local 25% match to the Title IV-A federal funding. Most notably in Houston, Texas, this partnership developed the foundation for a locally planned and administered integrated social service delivery system. The ceiling placed on Title XX appropriations by Congress virtually ended these far reaching efforts, even though New Federalism was intended to generate such local initiatives.

Another series of federal actions began in 1971, to directly address the problems of the proliferation of social services at the local level. The Allied Services Act was a legislative proposal for the institutional reform of the Department of Health, Education and Welfare initiated by Secretary Elliot Richardson. The legislation proposed to provide grants to states and local governments to develop "allied services plans" to improve the delivery of human services at the local level. Following these planning grants were to be special implementation grants to assist with the initial administrative costs of operations. It would have authorized the transfer of funds from one DHEW program to similar ones and the waiver of regulations which were found to be constraints. Even though traditional funding channels would have remained the same with the Allied Services Act, the opposition from categorical special interest lobbies and the negative relationships at the time between the Executive Branch and Congress resulted in its dying in Congress in 1974.

Another DHEW effort to address the proliferation of human services delivery at the local level was the Services Integration Targets of Opportunity (SITO) program in 1971. According to Secretary Richardson, SITO projects were focused on:

> Developing an integrated framework within which on-going programs can be rationalized and enriched to do a better job of making services available within existing communities and resources. Its objectives...include such things as: a) the coordinated delivery of services for the greatest benefit to people, (b) a holistic approach to the individual and the family unit, (c) the provision of a comprehensive range of services locally, and (d) the rational allocation of resources at the local level so as to be responsive to local needs.4/

SITO was a mixed success due to many political, administrative and legeal barriers at federal, state and local levels to the integration of services. With the Recession of 1973 and the replacement of Secretary Richardson with Casper Weinberger, there was a refocus of intergovernmental relations on cost savings and program control and not on service integration.

Secretary Weinberger did not abolish SITO but, instead, established the Partnership Program as a part of a larger capacity building strategy designed to assist elected officials to plan and manage human services.5/

The Partnership Program was the forerunner for many of the current projects in the country that have developed local interjurisdictional networks to coordinate funding and related human service policy formation. The report, Assessing the HEW Partnership Grants Program: A Study of State and Local Government Capacity Building, prepared by RJ Associates and SRI International in February, 1978, stands today as a major source of information about issues involved in human services network building. Between 1974 and 1977, DHEW funded $9.1 million of demonstration grants, supporting eighty-four different projects for up to three years at the state, local (city or county) or regional level. The initiation of these demonstration projects also served to foster similar efforts without the support of demonstration grant funding in nearby communities because of the promise they held to bring order to human services on the local scene. The objectives of the Partnership Projects and the overall Capacity Building strategy for DHEW were as follows:

1. Improve Priority Setting- to permit State and local officials to make more rational decisions on the priority to be given to various human service programs.

2. Improve Human Services Budgeting- to match the highest priority human services needs to available resources.

3. Integrate Both the Planning and Delivery of Human Services Programs- to service individuals and families better by addressing all of their needs and by making services more accessible and effective.

4. Improve the Use of Technology- to increase efficiency of service delivery by reducing costs and saving clients' time by applying management approaches and program designs that have proven successful elsewhere.

5. Evaluate Service Delivery Systems Better- to help elected officials make more rational decisions on program continuations, expansions and realignments.

6. Define and Rationalize Roles of General Purpose Government- to develop more rational patterns of functional responsibilities for human resource programs, between state and local governments, and among local governments themselves (city/county/special districts), and between local and state governments and the private sector.

7. Establish Clearer Accountability for Human Resource Programs- to provide better access for the general public and intended recipients of the services to elected officials on human service problems.6/

Issues from the Assessment of Partnership Programs

The RJ Associates/SRI International report states that:

> the Partnership Program was influenced by several specific issues that surfaced in connection with previous efforts and remained unresolved throughout the Partnership Project. The question of whether to support major institutional reform through improving the capacity of chief executive officers and their staff or to improve program management by focusing on replicable systems improvements was a central issue in the allocation of scarce resources.7/

The newly created office of Intergovernmental Systems (OIS) produced in 1973 a strategy paper that proposed going beyond the management improvement approaches taken in the SITO demonstration to a two part strategy as follows:

1) Fundamental Reform- This strategy would focus on actively attacking the fundamental constitutional problems facing governors and other general purpose government executives.

2) Incremental Reform- This strategy would provide tools, resources and information for states and other general purpose governments to make incremental changes in management of their human resource programs.8/

Incremental reform grants to be administered by Regional Offices were supported an initial allocation of Partnership funds in 1974, but no funds were ever made available for fundamental reform grants that were to have been larger scale demonstrations administered by the National Office. Because no formal guidelines were issued, each Region adopted a funding strategy consistent with its own perception of the problem and the objectives of the program.

The Partnership projects used three different strategies to deal with the problems their jurisdictions faced:

> Political/Institutional Strategy- Some projects confronted the institutional inadequacies that characterized their environments, and pursued activities such as trying to establish new organizational structures (e.g., a new human services agency), or to develop interagency human service linkages (e.g., through an interdepartmental council), or reorganize an existing human services unit (e.g., by merging separate agencies into an umbrella human service agency). The rationale of these projects was that the roles and responsibilities of particular human service actors had to be clarified, and greater consensus on goals achieved before addressing technical/managerial problem areas.
>
> Technical/Management Strategy- The projects used technical/management activities as a means of improving planning and management, and in some cases, clarifying roles and responsibilities. Those projects basically attempted to achieve activities such as: Development of information and referral systems, design of generic training for state and local staff, development of information or budgeting systems or improvement of planning methods. The rationale of these projects was that improved management could lead to more substantive improvement on other issues in so loosely managed a system as state and local human services.

- Dual: Political/Institutional and Technical/Management Strategy- Some projects combined institutional and management objectives. One subset of these projects molded management and institutional reform agenda into comprehensive packages, while other projects sought each objective independently.9/

The RJ Associates/SRI International report used twocriteria to assess project outcomes, both related to the stated purpose of the particular project and to the two general purposes of the Partnership Grants program. They are:

1) With the general purpose of improving local or state governmental planning and management capacity, an assessment can be made as to whether or not a Partnership project either created or strengthened some organizational or process reform designed to increase the ability of state or local government to plan and manage human services effectively.

2) With the general purpose of developing innovative products which could be useful to state and local jurisdictions in advancing human services planning which could be transferred to other jurisdictions, an assessment can be made regarding whether or not Partnership projects developed products which were useful, and if so, whether any identifiable policy or program change resulted from the product.10/

In applying these criteria to these two types of projects, the assessment determined that, in the case of organizational and process reform, the projects fell into five groups. The first were those where the process of reform was underway and the project served to accellerate the process. In the second group were those projects that established new reform and either institutionalized the changes or were moving positively in that direction at the end of the project. The third group included projects with no reform having been achieved but with the potential for such reform. The fourth group were those projects where no reform developed, and the fifth group were technical assistance projects of public interest associations.

In the case of the development of new and innovative products, the assessment found that the variety of products developed did not represent new technologies for transfer but materials that were transferable. It was determined that technology transfer is more a political than technical process in human services settings. The success of such a transfer depends on the political readiness for the technology not its technical usefulness.11/

Some major lessons were learned from the assessment which can be helpful to states and local communities attempting to develop networks of human service partnerships. These lessons are as follows:

1) The nature of the political environment in a particular jurisdiction exercises major influence on the type of human services planning and management reform agenda that can be successfully pursued.

2) The role of the chief official (CO) can be a major deterrent of project outcomes in institutional reform approaches.

a. the active support of chief officials is essential to the successful implementation of a major new organizational or process reform within the human services system. Without such support, reforms are unlikely to be successful. (While chief officials have helped set important reforms in place, maintaining their support is a critical dimension in the successful implementation of the reform. They do not always need to play an active role but their support is essential).

b. the primary motivating factor in a chief official's becoming involved in human services reform is the pressure of budgeting constraints and the need to contain the costs of human services. Other factors motivating the chief officials included the need for greater accountability of human services agencies to local government and the need or desire to address specific program problems having policy implications. (Chief officials were more concerned with specific program areas rather than broad, cross-cutting issues- as reflected in the problems they face.)

c. the turnover of elected officials is a critical dimension of the environment in which human service reform projects function, and generally, turnover marks a turning point- positive or negative in the life of the projects.

3) The role of other key actors in the human service system can be a major factor in carrying out institutional reform projects.

a. at the state level, reform activities are influenced by the attitude and response of the agencies to one another, and of the key actors within the agencies.

b. line agencies often experience difficulty working in peer group settings and require intervention of some higher authority to facilitate-- or mandate-- decisions.

c. line agencies tend to resist the intervention of planning departments in the planning of human services.

d. budget and personnel control agencies exercise crucial roles in human services policy which must be taken into consideration by other actors pursuing human services reform, particularly line agencies seeking planning and management reform.

e. at the local level, problems in the relations between various actors were exacerbated by the immediate institutional survival concerns of different agencies.

f. the role of the private sector at the local level reflects two different dimensions of their changing relationship:

i. representatives of the private sector can facilitate planning and management reforms in general purpose government.

ii. private sector agencies may be protective of their traditional roles and wary of the continuing growth of the role of general purpose government in human services.

4) The location of responsibility for project design and implementation can be a major factor in conducting successful institutional reform projects.

a. in single units of general purpose government, designation of the organizational location for human services reform must rest with the chief officials and/or their immediate staff.

b. in interjurisdictional projects, an organizational location outside of general purpose government can provide a vehicle through which intergovernmental cooperation between different levels of government can be achieved in complex intergovernmental settings (city/county, state/sub-state).

c. public interest associations representing cities and counties are organizational locations well suited to stimulate human service reform through the provision of training and technical assistance.

5) Approaches and strategies must be carefully tailored to fit the nature of the political climate for successful implementation of institutional reform projects.

a. the optimum strategy to achieve human services reform often seems to involve a careful balance between the political process of generating and maintaining consensus among decision makers with regard to a project's agenda, and the technical activity of developing research products which will facilitate the political process.

b. narrow technical/management strategies operating without sufficient recognition of the political environment are likely to experience difficulty in generating needed support among decision makers, elected officials and other relevant human services actors.

c. staff political skills are often more related to successful institutional reform projects than management or technical skills.

d. project scale can be a major factor in generating commitment to project objectives, but small grants can produce valuable reform.12/

Additional Issues in Network Building

The lessons learned from the assessment of Partnership grants by RJ Associates and SRI International are an important backdrop for a discussion of the issues that should be considered in building networks for human

services policy coordination at the local level Some of these issues should be considered prior to developing the network structure, others at the beginning stages of network operation and yet others as the network has gained experience.

1. Identify and Capitalize on Sources of Momentum for Networking. Prior to developing a network structure, it is important to assess the political environment and identify what momentum there may already be to support such a development. In San Mateo County, California a number of essentially unrelated forces for change were brought together in 1976 to serve as the impetus for the formation of the Human Services Coordinating Council. The United Way of the Bay Area conducted a six month study of alternative approaches to public/private coordination of social services. The Board of Supervisors felt particularly pressured by the increasingly wide variety of unrelated community groups demanding general revenue sharing funding and were interested in finding a way to bring order to this process. County administrators and Health and Welfare Department planners were interested in pursuing cooperative funding arrangements with city governments in such areas as information and referral and related community services. The Executive Director of the San Mateo Foundation (a community foundation) was interested in the development of a system of information sharing among public and private funders so as to avoid duplication in allocations. City governments were struggling with rather new responsibilities in the human service field such as CETA, HCDA Block Grants, LEAA and Revenue Sharing and were being encouraged by the League of California Cities to approach these responsibilities in coordination with other local funders. Pulling all these factors together at a conference in October, 1976, led to the decision by March, 1977, of the Board of Supervisors, United Way of the Bay Area, the County Council of Mayors and the San Mateo Foundation to support and participate in the formation of the Human Service Coordinating Council with the basic goal of reducing fragmentation and duplication in human services planning, funding and delivery.

   Another example of a community capitalizing on various forces for coordination in human services funding is the Fresno, California, program. The City of Fresno was a major funding of community based organizations in the early '70s under their Model Cities Program. As the Model Cities Program received cutbacks, community agencies turned to County Revenue Sharing. The County created the Social Services Committee and hired a consultant to recommend revenue sharing allocation procedures. This consultant served as the catalyst for bringing the forces together. The United Way organization with a new director decided to fund services rather than agencies and work more closely with the public sector. Meetings of representatives of key staff from the city, county and United Way led to a series of workshops for three organizations. These led in January, 1977, to the Tri-Funding Review Process that included a common application form, a joint time schedule for the application process, a joint process and information and data sharing.13/

A third example is Sonoma County, California, where, again, a variety of forces came together to result in a human services council. County government had assumed a greater role in human services funding with the federal revenue sharing and block grant programs and was experiencing the pressures of funding requests from community groups. The City of Santa Rosa, reacting to the League of California Cities' call for increased social responsibilities by cities, sought to develop a social element to the city's general plan and realized that this required greater coordination with the County and other human service organizations. The United Way developed its own needs assessment but became aware of the necessity of coordinating planning activities with the County. The anti-poverty agency and the Council for Community Services called on the Board of Supervisors to undertake a coordinated planning effort. In November, 1976, the Board appointed the Human Services Task Force and this ultimately led to the Sonoma County Human Services Council.14/

2. The Structure of the Organization Should Reflect its Basic Purpose and Intent. It is clear that representatives of the major funders would have to be included in any structural arrangement, but the questions that should be asked go beyond this beginning point. They include:

   a) should the structure be primarily for elected officials, top administrators staff planners or some combination of these?

   b) should the structure serve as a citizen participation vehicle and, if so, how should citizen representatives be included? If not, what will be the relationship of the network to the public?

   c) should service providing agencies who compete for funds participate in the network? If so, how? If not, what will their relationship to the network be?

   d) to what extent should the network involve representatives of business, labor, civic organizations and other representatives of the voting public? If so, how? If not, what will their relationship to the network be?

   Again, all of these questions should be answered in a way that responds to the stated purposes of the network. If the purposes substantially change, the composition and structure should change as well.

3. The Relationship of the Organization to the Participating Policy-Making Bodies Must be Clear at the Beginning. If the network intends to have authority and responsibility for pooling funds or for review of funding requests in a way that is essentially binding on the policy bodies, all of the legal, political and administrative arrangements for such a relationship must be developed and be clear. If the network proposes to conduct other activities, such as research and analysis of human services policies in problem areas, the prior

sanction for such activities that is politically required must be obtained so that the affected policy bodies will consider recommendations for change.

4. Political Support for the General Purposes of the Network Needs to be Solid at the Beginning and a Plan Needs to be Designed and Implemented to Sustain this Political Support During the Course of the Organization's Work. The need for political support was discussed earlier in the section on the assessment of partnership projects. This support needs to be an informed one with a sense that the network intends to address problems of primary concern to these elected officials and top funding administrators. Because elected officials become redirected by other priorities or are replaced in the electoral process, a regular program of sustaining the support must be carried out.

5. Staff Support Should be Sufficient to Both Carry Out Work Program Activities and to Work to Strengthen the Commitment and Participation of Local Policy Leadership. Existing staff loaned from participating organizations, particularly if they are loaned on a part-time basis, will not likely be adequate for the purposes of this organization. Full time staff, preferably directly responsible to the network itself, is required. The skills possessed by the staff should include a mix of political strategy capability, a broad knowledge of local human service funding patterns and technical capability related to the objectives of the network.

6. Funding Should Ideally be Derived in a Balanced Way from Each Major Funding Participant in the Network. With each major partner investing funds in the network's operation, it is likely that their participation will be taken more seriously and it won't appear to be owned by the one partner who pays for the network. Balance in ownership and control is an important political basis for using the network as a way of negotiating policy relationships. Consideration should be given in such interjurisdictional networks to place staff in as neutral a location as possible, possibly incorporating the network itself as the employer with a balanced executive committee.

7. In Planning the Structure, Composition and Initial Objectives of the Network, it is Important to Define the Fields of Service Boundaries for the Network's Operation. "Human services" is a misleading term. Particularly if it is in the network's name, it is important to make as clear as possible what conceivable areas of human service activity are not included, at least at the beginning, in the focus of the network. If the principal concern is with social services, will the organization concern itself with health services, correctional services, recreation or public education? It may be necessary to contract or expand this operating definition of "human services" in the course of time as an outcome of work program expansion or organizational evaluation.

8. While Chief Officials may call for the Network to Develop Elaborate Comprehensive Information Systems Such as Needs Assessments, it Should be Understood that these are of Limited Value. While there is an understandable assumption that accurate, comprehensive data can

minimize or eliminate the political nature of funding decisions, this is true only to a limited extent. While social indicators can be used to determine a sense of need for a particular service andan inventory of resources and resource utilization can clarify gaps and duplications in service delivery patterns, major political decisions remain about priorities for the human service dollar. These priorities can only be determined ultimately by decisions that reflect the values of each elected official and the priorities he perceives from his constituencies.

9. Perhaps more Payoff will Occur with a Work Program that Focuses on a Given Field of Service that is of Common Concern to Network Participants. It is infinitely easier to relate the work of the network to the needs of the community with specific field of service work instead of comprehensive planning activities or technical approaches. It becomes possible to identify the critical issues in that field of service and alternative courses of action might be taken cooperatively by network participants to remedy the problems. Both funding and non-funding policy alternatives can be considered and the impact of the efforts of the network can be more likely seen with field of service approaches. Similarly, it is also possible that the network could find itself in the middle of controversy using this approach, so that the political support and balance discussed above again becomes important.

10. "Partnership Building" is a Technique that can Help to Enhance the Political Environment for Cooperative Approaches. Particularly if the staff and/or network leadership possess the knowledge and skills, gains can be made by determining what two or more different jurisdictions can do to help one another. The network can foster trade-offs among jurisdictions of information exchange, political influence, funding, facility space provision or any number of other resources. With the network brokering this exchange, the jurisdictions experience cooperation in human service ventures of practical importance to them and learn more about the value of the other jurisdiction.

11. As the Network Participants Gain Understanding and Experience of one Another, Some Organized Focus on Roles and Relationships Should Occur. In this light, the Human Services Coordinating Council of San Mateo County completed A Framework for Human Services Policy Formation in March, 1979. This assisted the members of the Council who did nearly all of the work on the report themselves in gaining important understandings of the framework for the formation of human service policy and the roles of and relationships among county governments. city governments, the United Way and private foundations.

12. Staff of Human Service Networks Must Have the Political Skills to Promote Cooperative Policy Decisions Among Policy Leaders and to Retreat when that Process can be Carried by the Members of the Network Themselves. An important aspect of network building is to institutionalize new working relationships among policy leaders. If care is not taken, strong staff can interfere with the formation of these direct relationships by continuing too long in the facilitating role.

13. When the Network has Completed Assessments of Issues and Developed Recommendations for Policy Action, Specific Plans Must be Made to Implement the Recommendations Within the Appropriate Jurisdictions. Far more difficult than it might seem is the implementation phase of human service policy reform. Not only is continuing political support required from the chief official, stop-gap alternatives might be offered as immediate solutions to avoid more long-range policy reform. The network should make sure its findings and recommendations are heard by the policy bodies and that a plan for implementation is completed, carried out with strong political leadership and then evaluated after a set period of time.

14. Evaluation of Human Service Networks Should be On-going and Address Both Achievement of Specific Objectives and Overall Impact. The network should complete a program of self evaluation along with its overall work plan for the year. The work plan should have measurable objectives, and the evaluation plan should measure perceived impact of the network in working towards meeting its overall goals. Structural changes, changes in membership, changes in focus should all be considered in the evaluation process. As the human services political climate changes, so too should the network.

Conclusion

While each community has its own unique political environment that itself is constantly changing in time, there are many common ingredients to successful approaches at developing networks for human services policy coordination. It is hoped that from the First Conference on Human Services Network Building will come ideas and energy for the formation of a system to exchange ideas, experiences, successes and failures with one another. It is equally important that research efforts such as that conducted by RJ Associates and SRI International in the assessment of the Partnership Grant program continue to review our experiences under changing conditions and changing times. New techniques must be recognized and shared as we pursue our long term goals of bringing order to responsive human services in our communities.

FOOTNOTES

1/ Study Committee on Policy Management Assistance, Strengthening Public Management in the Intergovernmental System, A Report Prepared by the Office of Management and Budget, Washington, DC: Government Printing Office, 1975, p. viii. From RJ Associates and SRI International, Assessing the HEW Partnership Grants Program: A Study of State and Local Government Capacity Building, Final Report, February, 1978, p. II-2.

2/ Advisory Committee on Intergovernmental Relations, Improving Federal Grants Management, Washington, DC, February, 1977, p. 2. From RJ Associates and SRI International, Op cit, p. II-3.

3/ RJ Associates and SRI International, Op cit, p. II-8.

4/ Elliot Richardson, "Services Integration--Next Steps," Secretarial Memorandum, Washington, DC: U.S. Department of Health, Education and Welfare, June 6, 1971, p. 1. From RJ Associates and SRI International, Op cit, p. II-11.

5/ RJ Associates and SRI International, Op cit, p. II-12.

6/ U.S. Department of Health, Education and Welfare, Office of Intergovernmental Systems, Fiscal Year 1974 Strategy Paper (Revised Draft) July, 1974. From RJ Associates and SRI International, Op cit, p. II-23.

7/ RJ Associates and SRI International, Op cit, p. ES-2.

8/ Ibid, p. ES-2.

9/ Ibid, p. ES-5.

10/ Ibid, p. ES-6.

11/ Ibid, p. ES-9.

12/ Ibid, pp. ES 10-19.

13/ Institute for Local Self Government, "Fresno Tri- Funding Review Process: A Case Study," March, 1978, p. 3.

14/ Sonoma County Human Services Task Force, "Final Report to the Sonoma County Board of Supervisors," April, 1978, pp. 11-12.

A HUMAN SERVICES PLANNING CYCLE MODEL: STRATEGIES FOR DEVELOPMENT, IMPLEMENTATION AND TRANSFERRED REPLICATION OF HUMAN SERVICE TECHNOLOGY

CASE STUDY

Manuel Esquibel
Chief of Planning and Research
Pueblo Human Resources Commission

CASE STUDY

I. GENERAL INFORMATION

A. COMMUNITY DESCRIPTION

A general description of Pueblo, the Community, should aid the understanding of its appropriateness as the setting for a network building crosscutting human service demonstration project.

Pueblo is a highly diversified metropolitan community with a City and County population of approximately 135,000 people. The City of Pueblo is a comparatively dense concentration of people surrounded by farm and ranchland; over eighty percent of the total population resides within the city's corporate limits, only two percent of the total land area. As the southernmost metropolitan area in Colorado, Pueblo serves as a regional focal point for travel, education, culture, and business trade.

Politically, Pueblo has important linkages with State and Federal Governments, yet maintains a sense of self-responsibility, independence, and initiative. One result of such qualities is found in the diverse array of human service providers in Pueblo County; over 250 agencies, public and private, currently provide services for Pueblo's people.

Pueblo's greatest resource is found in its people. A diverse mix of ethnic groups interact in harmony to produce a strong feeling of community. Selected demographics of Pueblo's people are presented in Figure 1. The information in Figure 1 underscores Pueblo's diversity:

- balanced age-sex composition
- wide distribution of employment
- mixed ethnic distribution
- moderate income levels.

As do citizens of other communities, the people of Pueblo like to think of their community as unique. Pueblo's characteristics may lend support for the success of the particular planning model, yet they do not guarantee its success. The planning process that is being used was designed with Pueblo in mind, but is, also, meant to be replicable in other communities. One must recognize that the process will not be totally and exactly transferable. Each community that considers the process must "tailor" the concepts to specific community needs.

INCOME IN PUEBLO COUNTY

*PER CAPITA (1974)---------- 4,125

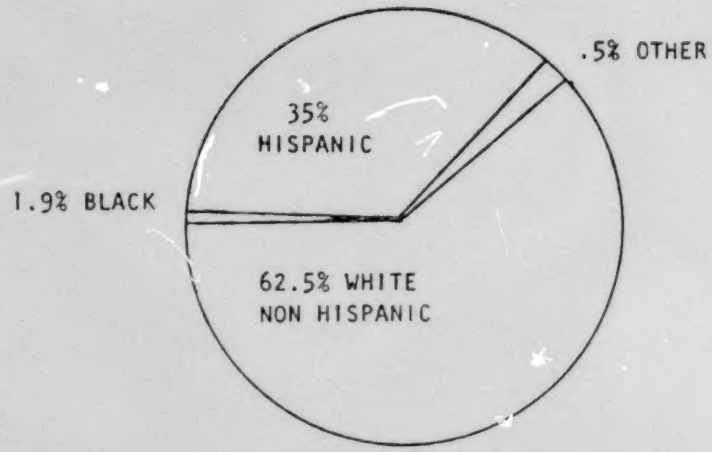
*MEDIAN FAMILY (1978)----------12,668

*% FAMILIES MAKING:

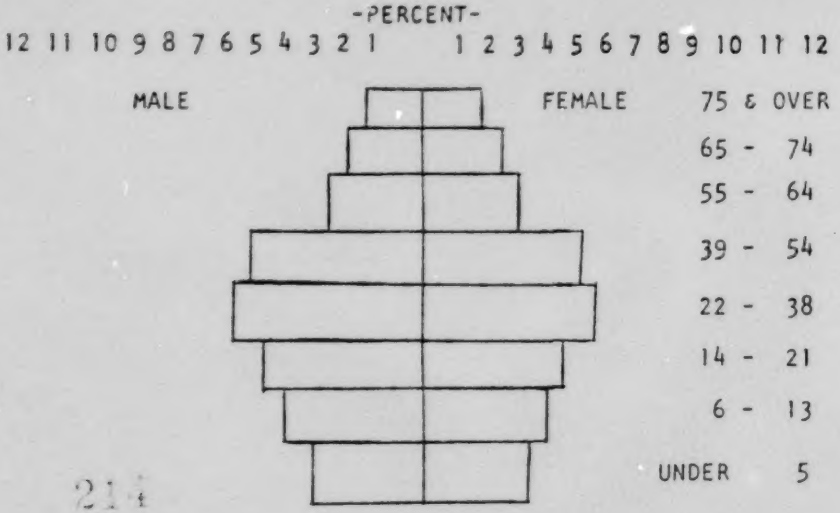
LESS THAN		$ 5,000	---------10.2%
$ 5,000	to	$ 7,999	---------12.2%
$ 8,000	to	$ 9,999	---------11.9%
$10,000	to	$14,999	---------30.3%
$15,000	or	MORE	----------35.4%

*% FAMILIES - POVERTY LEVEL---------11.2%

ETHNIC BREAKDOWN OF PUEBLO'S POPULATION



AGE-SEX DISTRIBUTION



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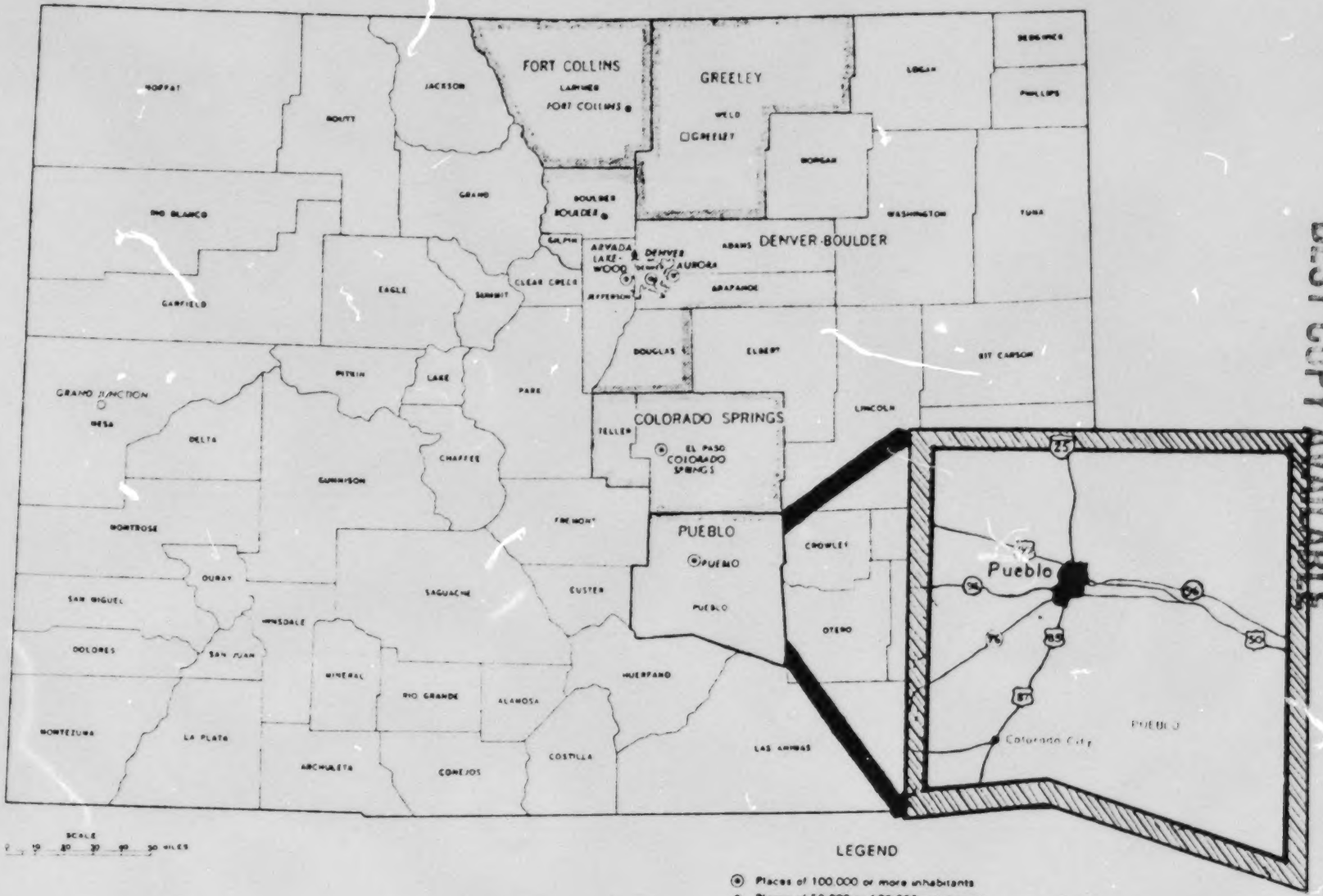
EMPLOYMENT DISTRIBUTION

PROFESSIONAL, TECHNICAL	15.0%
MANAGERS, ADMINISTRATORS	7.5%
SALES WORKERS	5.8%
CLERICAL & KINDRED WORKERS	16.2%
CRAFTSMEN - FOREMEN	16.0%
OPERATIVES - NON TRANSPORT	10.6%
TRANSPORT EQUIPMENT OPERATIVES	4.8%
LABORERS - NON FARM	5.6%
SERVICE WORKERS	16.1%
FARM, PRIVATE HOUSE WORK.	2.6%

215



U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

BEST COPY AVAILABLE

PART B

POLITICAL STRUCTURE

As Figure 2 indicates, Pueblo Area Council of Governments (PACOG) is comprised of thirteen members representing School Districts 60 & 70, the Board of Water Works, City Council Members and the County Commissioners. Pueblo area is unique in that it is the only single County COG in the State. Endorsement by PACOG of the concept for a three year human services planning process has been an incentive to pursue the massive task.

Directly under the auspices of PACOG, Pueblo Human Resources Commission (PHRC) was established in 1971 with the primary purpose to plan, coordinate and administer activities concerning social needs. Within the By-Laws PHRC is charged with: studying community problems, needs and planning for their resolution, coordinating services within the existing public and private agencies; initiating services to fill unmet community needs; and to maintain dialogue among all sections of the community as a part of the planning process.

This general direction, characteristic of any community social planning unit, provides direction and authority for the development of a mechanism through which such a charge may be achieved. In this particular instance, the mechanism is primarily the Planning Division which will be described in full detail in Section II.

As one of four organizational functions of PHRC, the Planning Division is supported by the following Divisions. (See Figure 3 & 4).

CONTRACTS AND MONITORING

Through the adoption of the annual budget, the City and County separately allocate a total of one million dollars to human service programs. The majority of this money comes in the form of Revenue Sharing dollars. As monies are earmarked for specific purposes, individual contracts are developed with each human service agency. Contracts, approved by the City Attorney's Office, are then managed through the Contracts and Monitoring Division of PHRC.

This division is PHRC's mechanism for evaluating the management capabilities, system of services delivery and the community's perceptions of agencies funded through the City and/or County budget. Currently there are 30 human service agencies monitored by PHRC with budgets ranging from $20,000 to $2.5 million.

During monitoring, the type of services provided, combined with an agency's ability to interact with other human service providers, emerges. A culmination of this information is utilized in the PHRC annual review of proposals for Revenue Sharing Funds.

Final staff recommendations presented to PHRC, the City Council and the County Commissioners are affected by numerous factors, with agency evaluation and monitoring being only one of these factors. Consideration is also given to: the availability of funds; the need and availability of a particular service; the public's support and need for an agency; and the agency's probability for successfully accomplishing its goals and objectives.

FIGURE 2

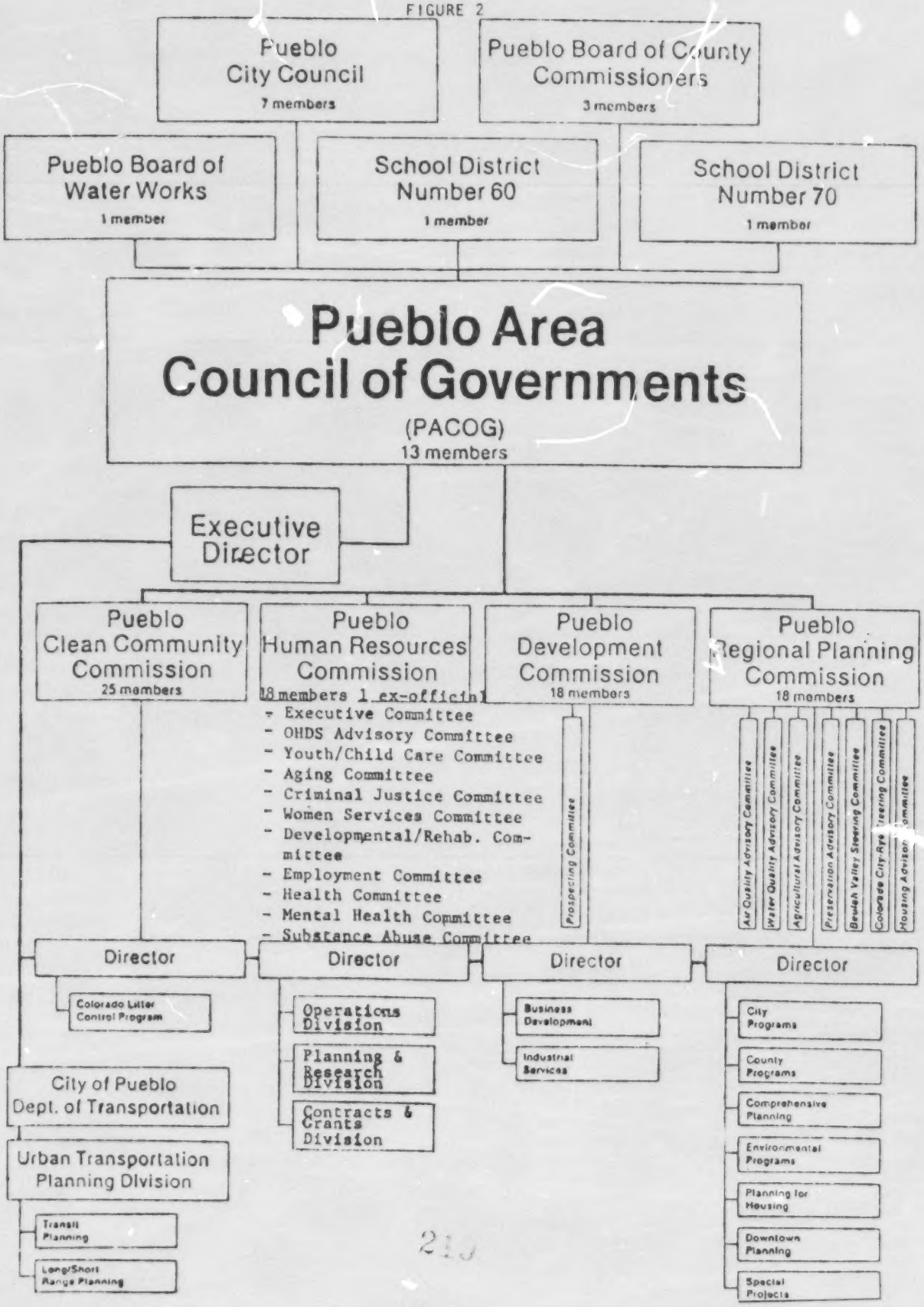
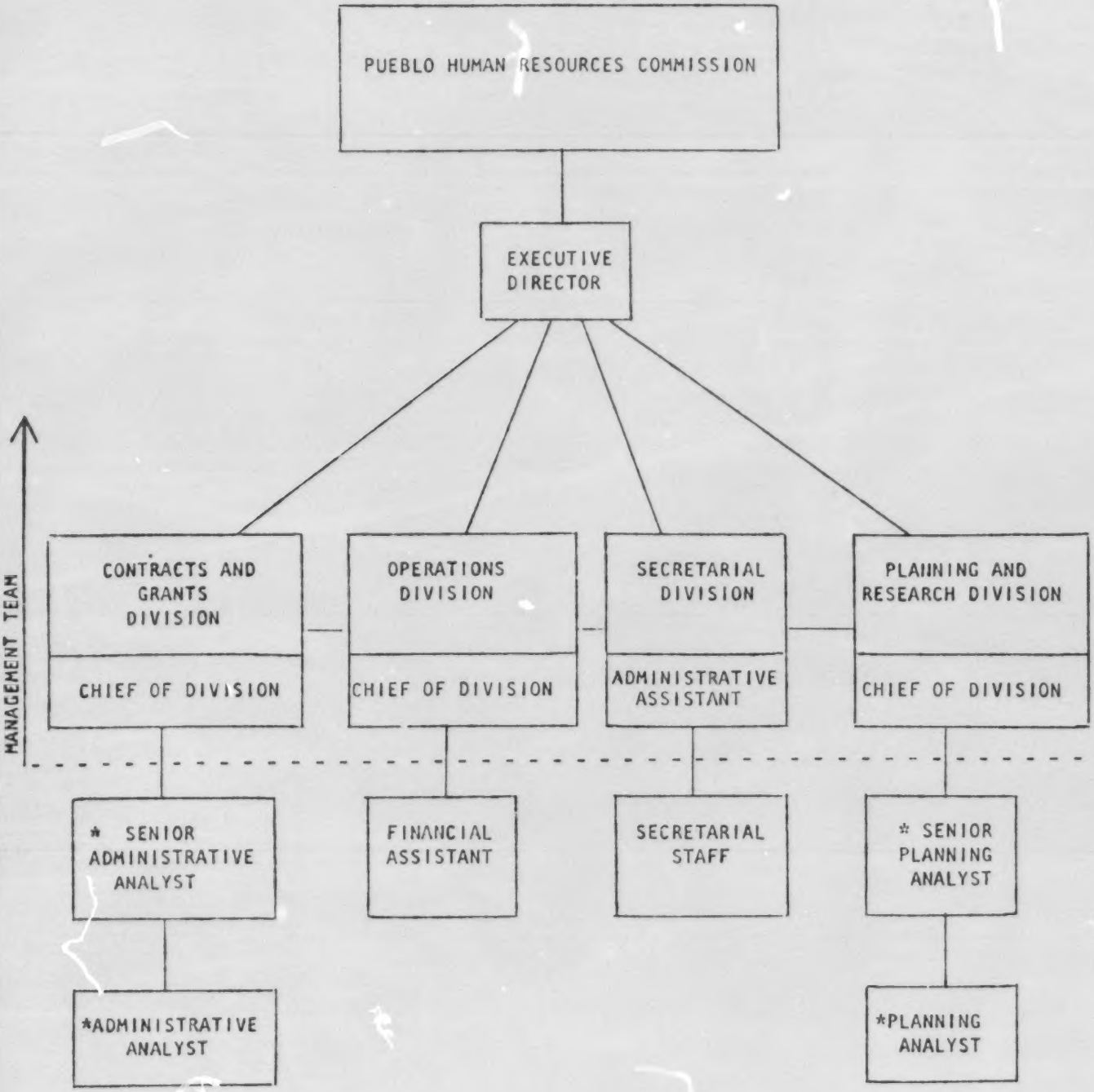

Pueblo City Council
7 members
Pueblo Board of County Commissioners
3 members
Pueblo Board of Water Works
1 member
School District Number 60
1 member
School District Number 70
1 member
Pueblo Area Council of Governments
(PACOG)
13 members
Executive Director
Pueblo Clean Community Commission
25 members
Pueblo Human Resources Commission
18 members 1 ex-officio
- Executive Committee
- OHDS Advisory Committee
- Youth/Child Care Committee
- Aging Committee
- Criminal Justice Committee
- Women Services Committee
- Developmental/Rehab. Committee
- Employment Committee
- Health Committee
- Mental Health Committee
- Substance Abuse Committee
Pueblo Development Commission
18 members
Prospecting Committee
Pueblo Regional Planning Commission
18 members
Air Quality Advisory Committee
Water Quality Advisory Committee
Agricultural Advisory Committee
Preservation Advisory Committee
Beulah Valley Steering Committee
Colorado City-Rye Steering Committee
Housing Advisory Committee
Director
Director
Director
Director
Colorado Litter Control Program
City of Pueblo Dept. of Transportation
Urban Transportation Planning Division
Transit Planning
Long/Short Range Planning
Operations Division
Planning & Research Division
Contracts & Grants Division
Business Development
Industrial Services
City Programs
County Programs
Comprehensive Planning
Environmental Programs
Planning for Housing
Downtown Planning
Special Projects

FIGURE 3

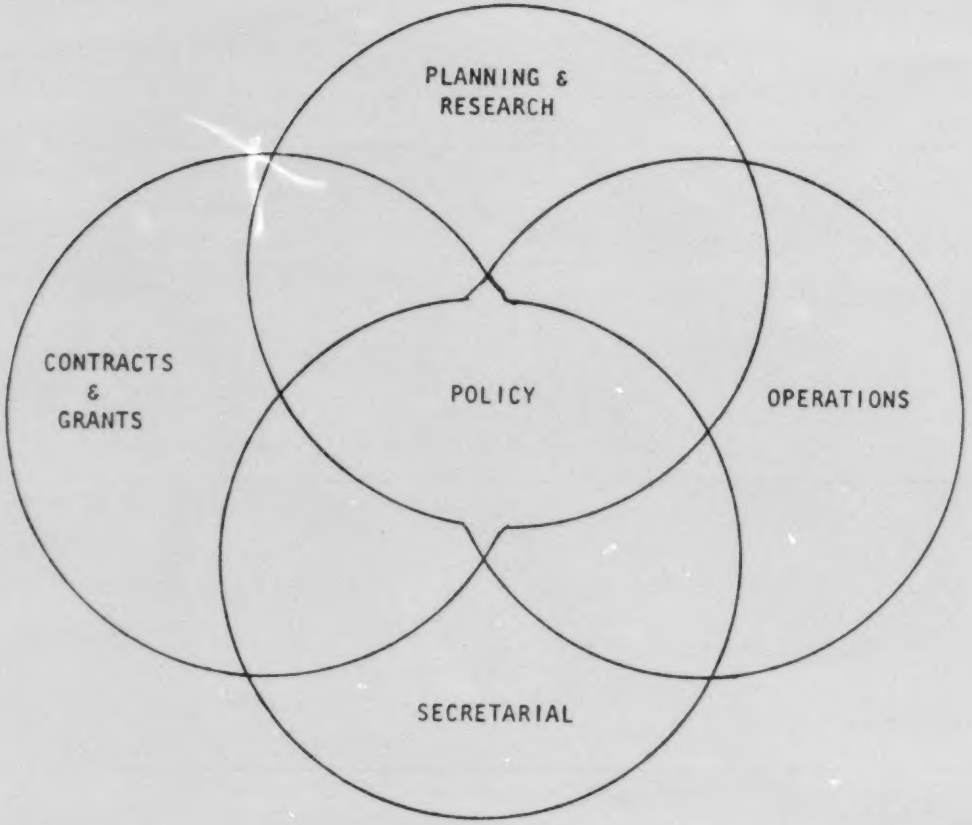


* More than one position, depending upon Commission need and budget

FIGURE 4

PUEBLO HUMAN RESOURCES COMMISSION

ORGANIZATION OF DIVISIONS



ADMINISTRATION

POLICY:

- PHRC BOARD
- PUEBLO AREA COUNCIL OF GOVERNMENTS

OPERATIONS DIVISION

This division primarily supports the Planning Division in all fiscal and office management functions. In the development of plans, proposals, concept papers and progress reports, the Operations Division is instrumental in justifying expenses and staffing patterns. This division is also the essential mechanism through which fiscal and operational components of grants are administered.

SECRETARIAL DIVISION

As with any office, the secretarial staff is key to the refinement and production of staff efforts. As the primary liaison between Administration and staff, the Secretarial Division coordinates all essential elements of any effort produced by PHRC.

AUTHORITY

There are two levels of authority which affect all functions of Pueblo Human Resources Commission. The Board of Human Resources Commissioners is the policy making structure through which staff derives their mission and is sanctioned to pursue specific tasks. The nineteen member board is comprised of eighteen members and one ex-officio member. Members are selected through an application process with recommendations by a PHRC Membership Committee and officially endorsed and appointed by the Pueblo Area Council of Governments.

The second level of authority is through direction of the agency's Executive Director.

II. BASIC PROJECT INFORMATION

PART A

BACKGROUND INFORMATION/AN HISTORICAL PERSPECTIVE

The Pueblo Human Resources Commission has developed over the years an increased capacity for tools that would improve human services planning: needs assessments by category; resource allocation models for City and County budgetary processes; special studies for general purpose governments; resource inventories; and constantly improving citizen participation activities. Since 1971, PHRC had demonstrated the beginnings of these planning elements, and had realized some success locally because of the development of these approaches.

During 1977 and 1978, PHRC staff were continually analyzing the impacts of these varied tools. Several revealing studies on planning approaches were completed. These study areas embarked on investigating the "inadequate state of the art" of human services planning. The language was constantly being fortified with new and recycled terminology: partnership, intergovernmental coordination, networking, crosscutting, coalition building, etc. Most studies at that time centered around regional and multiple state efforts to coordinate human services. Several areas in the nation, San Diego, California; Tucson, Arizona; the Baltimore "Blue Print" experience, to mention a few, were testing variations of the OHDS theme of crosscutting.

The PHRC approached these models with a different slant. The concentration was on the local planning effort, the "bottoms-up" emphasis as it related to the maze of state, federal and regional endeavors. Could an emphasis on local planning tools impact the intergovernmental policy? Would a centralized model for planning improve locally the policy development of human services expenditures? Was there value in the Pueblo County experience worth replicating for other communities? These questions were being raised in staff explorations a year before OHDS actually announced its crosscutting application availability

It is indeed a credit to the Pueblo County community, political officials and the Commission that some vision and foresight existed. There existed a realistic preview of looming budgetary austerity and the speculation of decreased human services funding; the warning signals were prevalent throughout the mid-1970's, as more and more proposals were being received by local Community Based Organizations, and the role of the Commission needed further clarification, in relation to the numerous Great Society programs of the 1960's, who were now struggling to enter the 1980's solvent and productive and intact.

The process for PHRC application for OHDS funding was arduous and time-consuming. Actual application preparation began in early August of 1978 as PHRC staff hammered out appropriate objectives and philosophies. Planning is an ongoing cycle, and regardless of the status of existing service providers, their activities would continue fragmentally until the planning stages and funding itself surfaced.

The unique working relationship of the City and County Governments of Pueblo, the positive political climate that exists, and the diversity of human services locally were a few reasons for the application consideration.

PHRC utilized the planning expertise of the Region VIII OHDS Office and the Colorado State Office of Planning during the preliminary stages. Those

mid-period "Brainstorming" sessions offered constructive critique to the evolving application. The regional and stated involvement further accentuated the intergovernmental flavor of the application process. It was also a first step in a concept strongly woven into our OHDS process: that sound, receptive planning must not be undertaken in a vacuum of ideas or agencies.

The review process for the Office of Human Development Services was a lengthy one. The first review occurred in late November 1978. The application was submitted October 31, 1978. After seven months of anticipation, the OHDS staff, through Dr. Arlene Vigil de Sutton, Regional Administrator of OHDS, was notified that the project had been accepted for total first year funding.

It was worth the wait. From 97 applicants throughout the country, the HRC demonstration was the only planning grant awarded. Four other crosscutting applications involving other emphases were funded. The eyes and ears of Washington were now focused on Pueblo County, Colorado.

The first official "pay-check" did not arrive until September 1979. Yet in the first eight months of the project's activities, PHRC and the community has observed initial impacts of the OHDS philosophy.

The road ahead will be two years long in developing and implementing a comprehensive human services planning cycle. But products and experiences will be collected far beyond the termination of the OHDS endeavor. The concentration of a dedicated HRC staff and Commission, in addition to the ingredients of a responsive community of agencies and policy officials, will allow OHDS to chart its course, by element, by products, by the needs of a total county's clientele, to reach the goals of its content. OHDS Year II will be exciting for all of us involved and for other communities in the future.

PART B

OHDS PROJECT GOAL

The OHDS undertaking has created a series of specifically-related goals that complement the measurable objectives. However, the overall goal, as stated in the first-year application, is:

> To design a replicable process which will lead to the development of a comprehensive and coordinated human service plan for Pueblo County.

The prescribed goal has several innovative characteristics:

- increased involvement of public elected officials;
- interface emphasis on policy and administration decisions;
- crosscutting mechanisms between target client groups and administrative agencies i.e., mental health, aging, education, youth, criminal justice.

PHRC further details five goal areas that clarify the overall goal and directions to its final accomplishment.

The PHRC foresees that the improvement and expansion of such human service delivery endeavors encompasses several long range goals, parallel with those of the U.S. HEW Office of Human Development Services.

Goal 1. To identify unmet and future needs of HDS target groups, and to assess service mix levels, resources and appropriate roles.

Goal 2. To improve design on operation of human services delivery systems, giving particular consideration to changes which reinforce national helping systems within the family and community.

Goal 3. To ensure that services are at a level of quality appropriate to goals and objectives they are designed to achieve.

Further, PHRC views several related goals of a policy and human services management nature:

Goal 4. Stimulate and facilitate improved coordinative arrangements among states, local governments, and county and private services providers in the planning and delivery of human services.

Goal 5. The exploration and design of administrative initiatives that impact several HDS/human service agents by administrative, resource and planning consolidation.

The project intent is to further expand and make effective the coordination, communication and planning process for human service delivery in Pueblo County. The cyclical process of human service planning is expected to affect the coordination of planning between those public and private service agencies that are directly serving the following:

- the total aging services area
- criminal justice planning
- education
- employment programs and opportunities
- drug and alcohol
- youth services continuum
- comprehensive health systems
- child care services
- related community mental health
- women's services

Briefly, these inter-related goals and service areas requested the target of the refined objectives of the three-year plan development process.

Many areas of consideration are explicitly identified within the application and 1980-81 reapplication. But four areas that highlight the complex action steps, schedules and outputs of the next three years of "non-vacuum" planning in Pueblo are as follows:

1. Streamline and link the human service maze to increase the amount of direct services to families.

2. Identify multiple and coordinated approaches that have a holistic emphasis of treatment to families.

3. Develop a human service plan that includes comprehension of the relationship of agencies to sound service delivery, of cross-program nature and accountability, impacting the family unit.

4. Review the perspective of strengthening the family unit in service delivery, the client linkage to family, and the overall emphasis of dignified treatment, easy access and quality of life issues.

In less formal terms, OHDS is a planning process that is concerned with the Community Family and its human service needs. The complex planning process can never lose sight of that concern.

TRANSFERABILITY - THE OHDS-PUEBLO BLUE SERIES

When HRC began its first application, the transfer of technology or replicable products section was envisioned as a by-product of a total grant effort. It was then stated that PHRC would:

> "develop and publish for replication on a state and potentially national level materials, monographs and other information that will clarify modalities for sophistication of the planning and implementation of inter-governmental human service delivery systems."

The PHRC replication material named the "Blue Series", is based upon the Pueblo/Pueblo County experience. This factor is extremely important, in that the Pueblo experience can be considered representative of local multi-purpose governments throughout Colorado, the region and across the nation.

Many similarities of human service planning and the corresponding complex problems which exist in Pueblo represent universal planning problems. The OHDS planning process is to be applied in a way that manifests changes, directions and accomplishments in that process.

It would be impossible to replicate every detailed event of the Pueblo experience. At the same time, the first year of activities have already proved to be worth sharing.

Information has been collected by HRC staff for documenting perspectives of daily planning interactions. The "how to" and "how not to", the "do's" and "do nots" will be emphasized. It is PHRC's desire to share its experience, totally. Both the strategies and efforts that backfire in any complex community environment and the political ramifications affecting the project's end result require consideration and thoughtful digestion. To acknowledge mistakes or problems is as important as highlighting accomplishments. It is the total overview of an evolving human services planning cycle that is addressed by the OHDS Blue Series.

The first year documents can be described as follows:

Blue Series #1. Strengthening Human Service Areas for Comprehensive Community Planning. This publication describes the methods utilized to identify and initiate coordination activities within each of the ten categorical service delivery areas in Pueblo County. Strong attention will be paid to problems related to program coordination and the possible alternative methods for agency and public participation.

Blue Series #2. Planning Process: Development Methods in Preparing For A Local Coordination Human Service Plan. In this monograph, the individual elements of the planning process work plan will be presented and discussed. The elements, when combined, should illustrate a planning methodology which is primarily rational and sequential, yet includes strengthened public participation and involvement of local elected public officials.

As PHRC staff enters the second year of OHDS, interesting conceptual topics currently under consideration for additional Blue Series documents include:

- T/TA Team Coordination;
- Council and Advisory Group Models;
- Indepth description of each plan element;
- Network Building Activities;
- Strengthening Manual II - two full years of program development.

The complete series has yet to be developed. It would be unfair to the evolving planning process to second-guess how a particular element will impact or be affected by its implementation.

Pueblo Human Resources Commission is intensely working in the laboratory of human services, where funding priorities and resources are constantly in flux, where people and programs are not always stabilized. The Blue Series will draw attention to these challenging currents of change in the continual state-of-the-art of human services for the 1980's.

As stated in the initial PHRC application for OHDS: "There are no policy guarantees as to the success of intergovernmental exchanges. It is the emphasis

on negotiations ... presentation formats ... the ramifications of local funding practices ... the support and effort derived from the public regarding these factors that will constitute success or failure. The emphasis is on the innovativeness of a concept ... that (will) create an environment for incremental results and change."

PART C

PLANNING and RESEARCH DIVISION FUNCTIONS

The Pueblo Human Resources Commission has developed over the years an increased planning capacity for human service needs assessments, resource inventories, resource allocation models for City and County budgetary processes, special studies for general purpose governments, and the contract and oversight function for agencies that are recipients of General Revenue Sharing monies through the particular elements that comprise the Council of Governments.

The Planning and Research Division foresees that the improvement and expansion of local human service delivery endeavors encompasses several goals which need to be addressed in 1980. These goals must parallel with those of the state and federal human service agencies and organizations.

Goals - Identify unmet and future needs of the categorical Human Service target groups, and to assess service mix levels, resources and appropriate roles.

Improve design on operation of human services delivery systems giving particular consideration to changes which reinforce national helpers systems within the family and community.

Insure that services are at a level of quality appropriate to goals and objectives they are designed to achieve.

Stimulate and facilitate improved coordination arrangements among federal, state and local governments, county and private service providers in the planning and programmatic delivery of human services.

Exploration and design of positive administrative initiatives that impact several human service agents by administrative, resource and planning consolidation.

The Planning and Research Division intends to further expand and make effective the planning process which will address the total spectrum of human services within Pueblo County (services from Birth to Death). Such a cyclical planning process will affect the coordination of planning between those public and private service agencies that are directly serving the following general areas:

1. Child Care Services
2. Youth Services Continuum
3. Comprehensive Health Systems
4. Criminal Justice Planning
5. Education
6. Employment Programs
7. Community Health Systems
8. Aging Services
9. Disabled and Rehabilitation Services
10. Income Maintenance Services

PLANNING DIVISION STRUCTURE

The Planning Division is divided into three areas, each of which has very specific functions and are key to the development and success of the OHDS Planning Cycle Model Project. These components, working simultaneously yet independently, form the foundation on which the project is built.

Each component is affected by internal factors such as PHRC board policy and administration. For purposes of this description, however, it is the external factors which greatly affect the patterns created in the progression of the project. Information is synthesized at the planning level, but generated by the community through Public Participation, Program Coordination, Program Development and Training and Technical Assistance. A brief description of the functions within each division follows. (See Figure 5).

1. STATISTICS AND COMPUTING CENTER

To help achieve the goals of the OHDS Project and better serve the data needs of agencies in Pueblo, HRC is developing a Statistics and Computing Center. The services to be offered from the Center include:

(1) A current statistical library;
(2) A data processing element; and,
(3) Technical assistance to help agencies develop instruments to undertake resource inventories and needs assessments as well as other applied statistical techniques.

The provision of such services should ultimately enhance the delivery of human services in Pueblo County in three ways.

First, it should allow for increased communication and cooperation between agencies with regard to their data needs. Federal, State, and Local decisions regarding human services demand documentation of clients' needs and characteristics. Many times an agency cannot find the existing statistics necessary to influence decisions. By providing a forum for systematic data pooling and sharing, increased cooperation between agencies can be promoted.

The development of up-to-date and systematic data usage will have a second benefit. Too many times, local proposals for funding have been denied because they lack a coherent data base. The grantsmanship process in the Center for Human Development will be directly supported by a coordinated approach to data collection. Success in the grants process should mean increased social benefits for all people in Pueblo County.

Finally, the development of a statistical and computing center should accelerate the evolution of social planning in Pueblo County. More advanced techniques will provide a more realistic picture of the community, thereby increasing the probability that planning will reflect the needs of the people in Pueblo County.

2. CENTER FOR HUMAN DEVELOPMENT

Housed within the Center for Human Development are three activities essential for the success of the OHDS Project. These activities are:

(1) Developing a human service library;
(2) Providing training and technical assistance; and,
(3) Facilitating Public Participation.

Pueblo County human service agencies have felt the need for a human services library containing both theoretical and practical documents. One result of this perceived need for more information about local agencies was the publication of the Resource Directory by the Pueblo County Coalition of Human Services. The HRC would like to continue in this spirit of learning and cooperation by working toward a common human services library accessible to all agencies and the general public as well.

The Center for Human Development will provide training and technical assistance in the following areas:

- grants development
- organizational and staff development
- management and budget techniques
- program development
- funding information
- board member and advisory group training

If such activities will utilize local expertise wherever possible, increased understanding and cooperation between local human service agencies can be further promoted.

Public Participation is a hallmark of human services planning in Pueblo. The center will expand the avenues of participation by all population segments, individuals or organized groups. Within the Public Participation element, the Human Resources Commission undertakes the A-95 Review process. This process provides for a public forum in which proposed human services programs can be systematically examined.

3. INTER-GOVERNMENTAL RELATIONS CENTER

Identifying and initiating activities which will foster understanding, communication, cooperation and formal agreements between Human Service Agencies is the main thrust of the Inter-Governmental Relations (IGR) Center. This component of HRC planning staff has been designed to assist the community in developing a strong, recognizable, cohesive structure for delivering a continuum of human service that range from prenatal care through death.

This concept, identified as "Network Building", is achieved through a three phase planning process. The first activity in developing a local network system is assisting service providers with developing a strong cohesive framework within each generic service area. By recognizing issues of importance, ten "categorical areas" representing ten specific types of service have been identified in the county.

Each of these categorical areas are on different levels of complexity. An example might be the Area Agency on Aging. Because the Region Seven Area Agency on Aging is required to have a three year plan, a fairly systematic planning process is apparent. Similar planning efforts have been achieved within Mental Health Services and the County Department of Social Services.

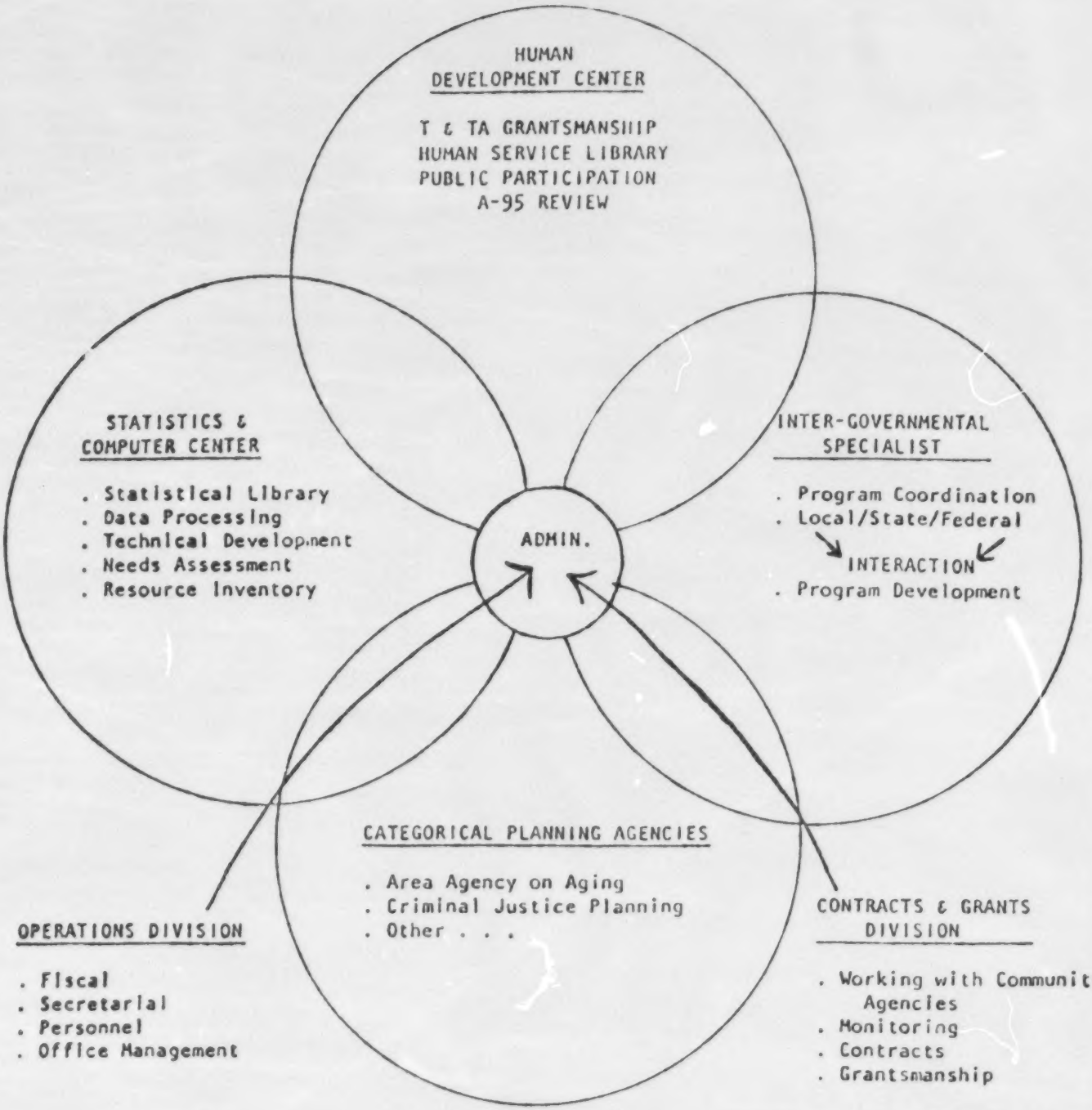
Other "generic" service areas contrast this refined planning mechanism to varying degrees. An example of this would be services for children and youth. Education, recreation and child care services work independently although the "Key Actors," children, are the primary clientele.

The IGR Specialist, by taking into consideration the different levels of planning and coordination within each of the ten identified areas, is in the process of identifying and developing channels to improve inter-agency cooperation. The recent establishment of the Pueblo County Women's Council and Pueblo Substance Abuse Council are illustrations of this process.

Representatives from each categorical service area will participate in the OHDS Planning Grant Advisory Committee to share information and, more importantly, develop a channel for strong public policy in Pueblo County. A local, State and Federal "Staff Support Team" will complement the efforts and direction of a comprehensive Human Service Planning effort.

FIGURE 5

PLANNING & RESEARCH DIVISION



PART D

ADVISORY COMMITTEE

In keeping with the project goal: "The development of a comprehensive and coordinated human service plan," the creation of avenues for cooperation and inter-agency dialogue have foremost importance in the success and community acceptance of this project. Methods for developing avenues are outlined within a number of plan elements. These are most prominent in Public Participation, Program Coordination, Program Development, and Training/Technical Assistance. Interaction between categorical areas formally culminates under the OHDS Advisory Committee.

The importance of this body is illustrated in the organizational structure of the Advisory Committee. Pueblo Area Council of Governments created the Human Resources Commission which currently functions under a board, meeting on a monthly basis. The Executive Committee meets monthly in addition to the Regular Meeting.

The organizational structure depicts a certain amount of cooperation inherent within itself. The presence of target population representatives, interacting with the Commission's Executive Committee, promotes an atmosphere conducive to dialogue and information sharing.

In addition to the core committee, added support will be provided by two major service areas. Both United Way and the educational system function as support systems to each area of Human Services. These two service areas are most functional as providers of technical assistance to the Advisory Committee. Additional support is achieved through an Intra-Governmental Staff Support Team.

Under the HRC Planning Division, a primary activity of the Inter-Governmental Component is to facilitate both formal and informal arrangements between local, state and federal government. The Governmental Staff Team will allow for Technical Assistance of the most important type. Keeping in touch with the continual changes affecting rules, regulations, mandates, funding sources, and organizational structure is essential for maintaining the most up-to-date information locally.

Initial Committee Development is scheduled for June, 1980. Within the next fiscal year, the Commission staff will act as a catalyst to those activities identified by the Committee as being essential to the success of the community planning process. Such achievements may include:

(1) Establishing mechanisms by which target populations are able to easily share information i.e., Advisory Committee, newsletters, workshops, formal inter-council agreements.

(2) Developing Community Policy Statements for each generic area which are sensitive to the priorities and problems of all human service providers.

(3) Providing liaison services between the various target populations and the Advisory Committee.

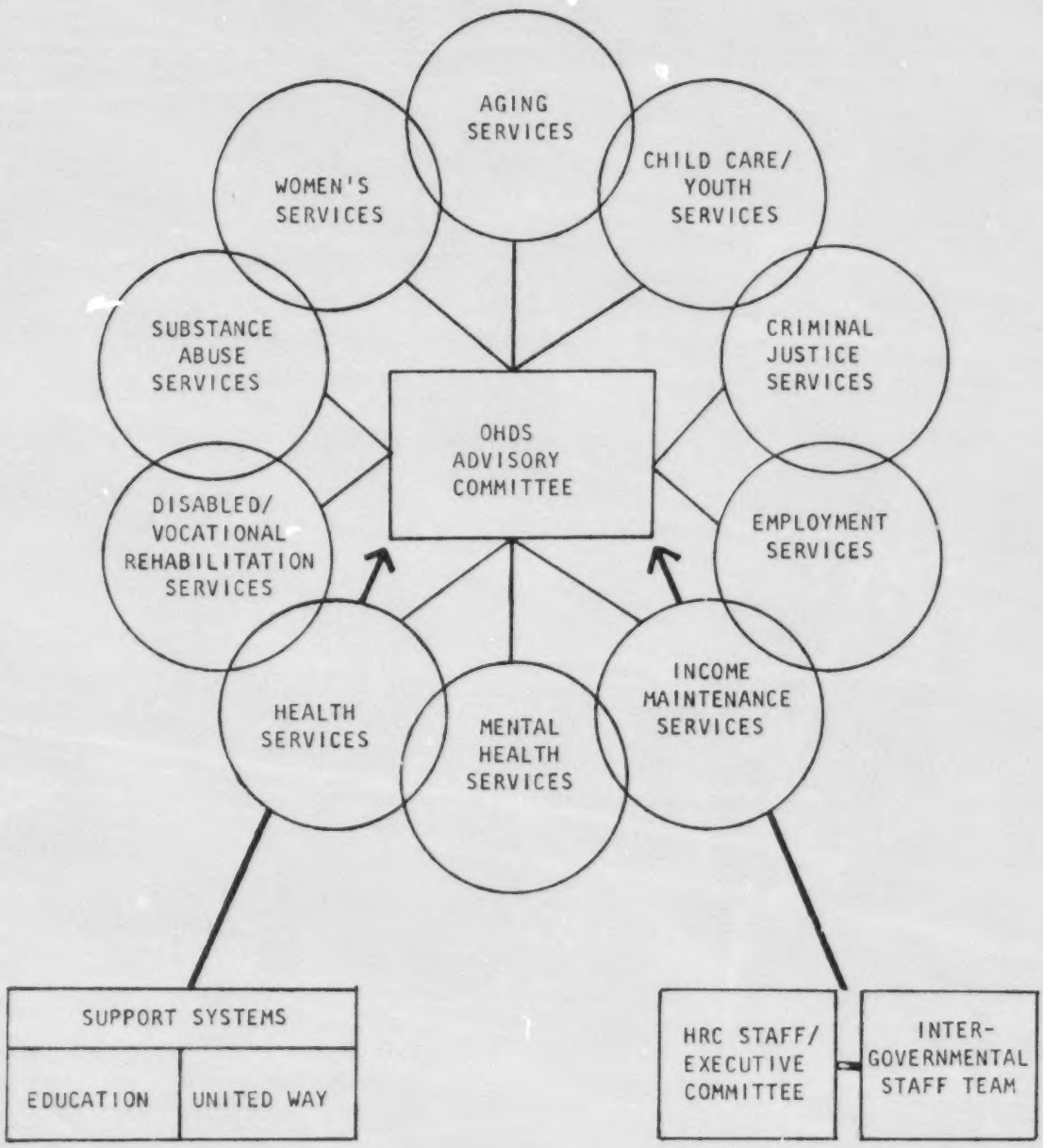
With the creation of this Committee, it is important to recognize a possible fatal flaw inherent in any group organization. Unless there is adequate staff support to aid in the implementation of decisions reached by that body, too often the good intentions fade into the lower realms of priorities. This, accompanied by an excessive number of meetings, is too often the cause for reduced interest and minimal participation. Early assessment of the forenamed problem areas will allow for creative solutions.

The organization of the OHDS Advisory Committee, in theory, provides a potential hub around which all other organizational efforts evolve. Continued staff support and community acceptance of this Committee will generate the necessary level of support.

FIGURE 6

OHDS ADVISORY COMMITTEE

CROSS-CUTTING MECHANISM
FOR
HUMAN SERVICE AREAS



III. WORK PLAN

PART A

ELEMENTS

The implementation and success of the Human Service Planning Cycle Model Project ultimately depend on the elements outlined in the OHDS Work Plan. Each element falls within one of two broad areas. The first area entails staff activities which have far reaching general influence on the second area, the Three Phase Planning Process. Included under general plan elements are:

(1) Public Participation: Acceptance and community willingness to implement the final plan will depend on the level and amount of input the public has on this project. The Blue Series will document approaches used to involve the public. Not only successful techniques but those which were not favorable to the public will be recorded for future consideration.

(2) Training and Technical Assistance: In this role, PHRC staff provides aid to agencies, organizations and specially designated committees by lending informational sources, providing workshops, seminars and through individual consultation.

(3) Liaison between Local, State and Federal Entities: Promotion of dialogue between each level of government. Stimulation of efforts to synchronize regulations, planning cycles and similar requirements which might otherwise impede organized planning.

(4) Monitoring: Described in Section I, Part B, the monitoring element has a two-fold function. Beyond monitoring human service agencies which receive City/County dollars, the Monitoring Division is also responsible for in-house evaluation. This check and balance system allows staff to map out corrective actions whenever necessary.

(5) A-95 Review and Comment: This element serves as an information tool with regard to the application for new or continued federally funded projects which impact Pueblo County.

(6) Inter-Agency Communication: A function within several elements and of itself, this element opens channels for communication between generic areas and among service providers.

The balance of the Work Plan Elements are distributed within the Three Phase Planning Process described in Section III, Part B.

PART B

THREE PHASE CYCLICAL PLANNING PROCESS

Charted in three phases, the cyclical planning process was designed with specific features in mind. As the name indicates, once the final plan is completed, the process will begin again and become a perpetual process. (See Figure 7) Certain agency functions do not dominate any specific phase but are an integral part of the total planning. Other components are sequential, occurring at specific points in the process.

Initiated in Phase I, Public Participation is the basic source of community input which will determine the direction of the balance of the project. This element is a continuous feature. Hiring and Organization of Staff and the Preliminary Plan Outline provide the building blocks on which the balance of the project is built. A clear picture of the purpose and program goals will enable staff to pursue the work plan tasks with clarity and a sense of purpose. The final element in Phase I is similarly important. The Evaluation Design is a tool responsible for providing a short-term and long-range understanding of the projects positive aspects, level of accomplishments and areas of concern.

Phase II is characterized by direct interaction with the ten categorical areas. Program Coordination involves identifying key agencies and individuals in specific types of service, development of or creating a focal point for communication, and utilizing this channel for accomplishing other project tasks. Originally done on a piece-meal basis, the credibility and objectivity of Program Monitoring will be increased by gaining additional comments and review from new or established, non-partisan organizations.

Training and Technical Assistance to individual agencies, boards and organizations will increase communication capabilities and basic knowledge among service providers. These three elements are initiated in Phase II, but continue throughout the planning process.

More specifically for Phase II are those elements which will aid in the formation of a universal taxonomy and data base. Accumulation of this information will be used in policy formulation and the decision-making process.

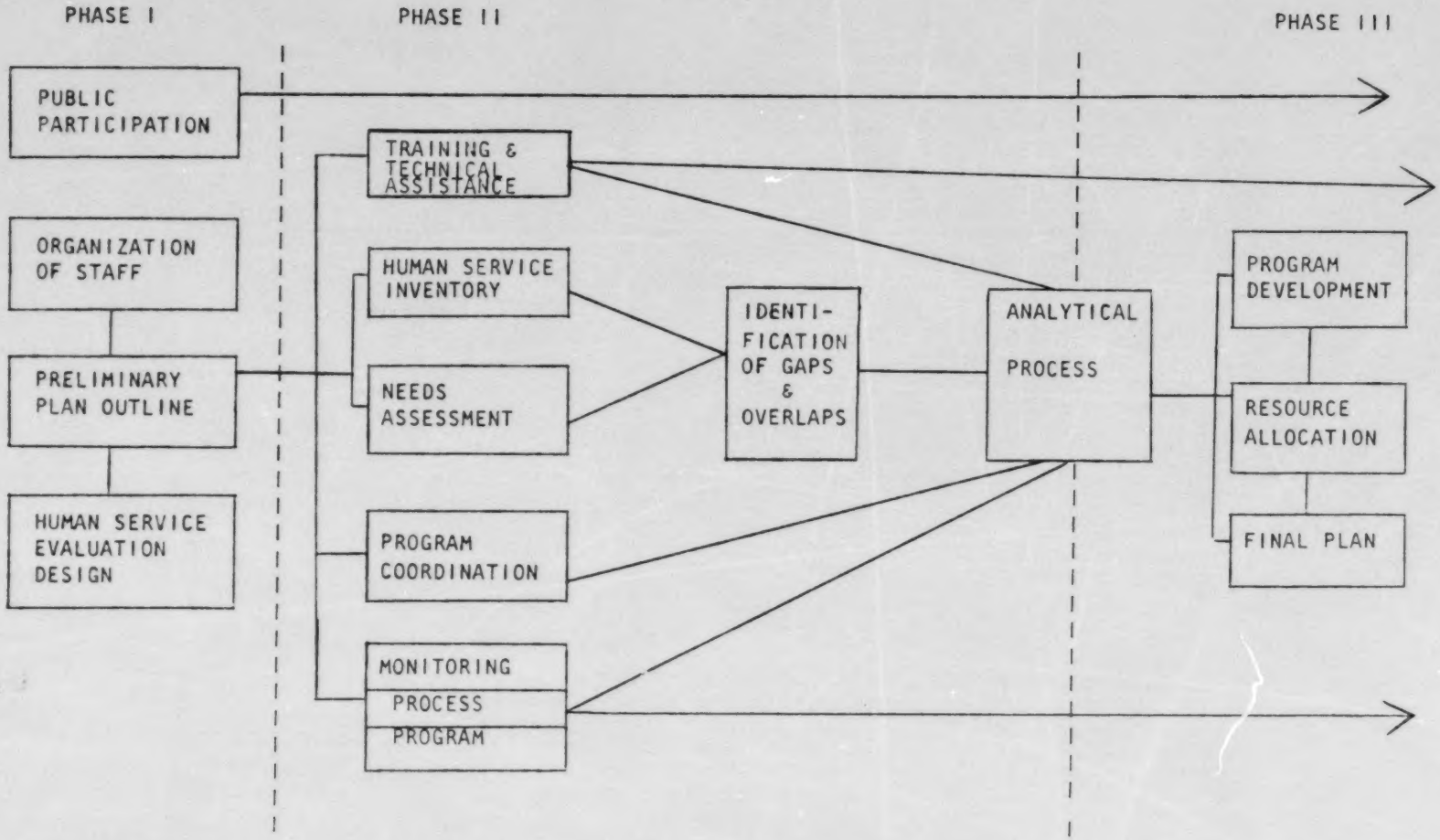
The Needs Assessment and Human Service Inventory will provide a clear picture of the type and availability of current services followed by the community's perceptions of needed services. A synthesis of this information will be used to indicate the Gaps and Overlaps in Community Services.

Although analysis of this information is an inherent feature of data gathering, a culmination of indicators occurs in the Analytical Process. Consideration will be given to social trends, availability of resources and study results during this process.

In Phase II of the planning process, a data information base is established and made available to the individual, organized categorical areas; this is the stage in which the previous steps become a functional basis for Program Development. Each categorical area will examine available information.

FIGURE 7

CYCLICAL HUMAN SERVICE PLAN
FLOW CHART



Decisions about the feasibility to coordinate programs, increase or change services and plan for the future will be made at the Program Development level. Each categorical area will have a service delivery plan. A systematic approach to planning for services facilitates the formulation of public policy.

Similar to Program Development, Resource Allocation will reflect the need for services, current availability of services and Federal, State and Local trends. These, combined with consideration for a categorical area's ability to develop inter-agency coordination, agreements and cooperative efforts, will increase the validity of the decision-making process.

The Final Plan is envisioned as the guide which indicates maximum community cooperation, recognition of the current status of Human Services and methods of removing the need for non-existent or inadequate services. More importantly, however, is the development and strengthening of the categorical service areas. This lengthy approach to the creation of the Final Plan will add new, continuous planning and public participation channels to service clientele, service administration, service providers staff and to elected officials. The increased planning capabilities within each categorical area will ultimately result in a more effective, responsive service delivery system.

PART C

NETWORK BUILDING ACTIVITIES

The ultimate project goal has been described as the development of a replicable process which will lead to a comprehensive and coordinated human service plan for Pueblo County. This massive undertaking becomes a realization only when each of the previously outlined work plan elements are achieved through the direction of the PHRC Planning Division accompanied by support from the other organization divisions.

The creation of specific, identifiable focal agencies or organizations in each of the ten categorical areas is the key to a community based, publicly developed plan. Success of the Three Phase Planning Process can only be measured through changes which improve the service delivery system and increase the level of public participation in the planning process. It is assumed that improved service delivery is dependent on inter-agency cooperation.

Based on this assumption, the development of each categorical program area is enhanced by Network Building. The concept is broad based in that the combination and types of inter-agency agreements are not limited to specific categorical areas. The term "comprehensive" denotes total. Because no single agency can meet total client needs, the appropriateness of formal and informal inter-agency agreements becomes apparent.

For purpose of this project, the inception of Network Building occurs as each categorical program area is coordinated in a manner conducive to planning and expansion. A variety of techniques have been used to formulate this focal point. Existing coordination mechanisms largely determine the approach undertaken to develop the focal point. What has been successful with one categorical area may hinder another.

Methods and techniques for beginning coordination among categorical agencies will be documented in one of the "Blue Series" publications. The main idea to remember is that methods must be tailored to utilize existing coordination mechanisms and to enhance probable inter-agency efforts.

Once each categorical service focal point is established, network building becomes the product or result of long range inter-agency planning. This may be best demonstrated in Figure 8. Each target service area is brought to a level where program purpose, priorities and policy are in place. The Three Phase Planning Process, which is applicable within each service category and as a comprehensive planning approach, aids in the identification of community needs. As the diagram indicates, any one service need is likely to be affected by more than one type of service delivery system. Summarized, the Network Building concept is being approached by the PHRC project in a series of staff activities:

1. Identify Categorical Program Areas;
2. Identify appropriate agencies within each area;
3. Identify existing planning, coordination groups;
4. Initiate channels for communication through workshops, seminars, special interest committees and within existing organizations;
5. Provide PHRC training and technical assistance to newly formed organizations;

6. Become instrumental in determining the direction and purpose of such organizations;
7. Assist in establishing components of a long-range planning process;
8. Assist in the organizations generation and use of the needs assessment information;
9. Assist in the analysis of methods for meeting community needs;
10. Allow T & TA to aid in the formulation of public policy;
11. Promote a perpetual planning, data gathering, policy formulation process.

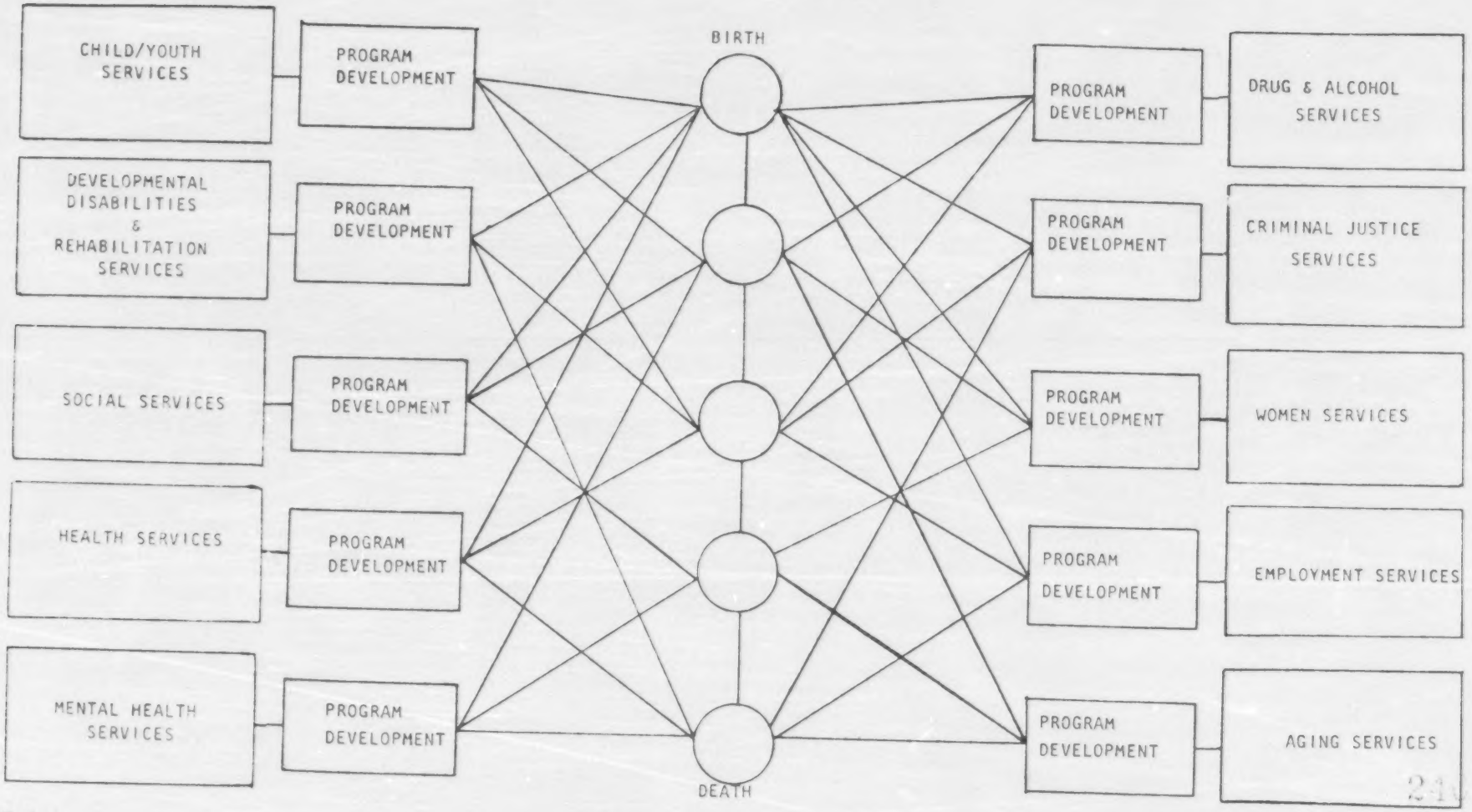
The cyclical public participation planning process is expected to benefit the community by: increasing involvement of public officials; interfacing policy with administrative decisions; developing crosscutting, network building mechanisms between categorical areas; and, refining the scope of public participation to further impact the ongoing planning process.

Final note should be mentioned that the success of the project will ultimately depend on the community's strongest resource: its people. Bottoms-up planning will address the needs of the Pueblo Community.

FIGURE 3

PROGRAM DEVELOPMENT

Continum Of Services
Birth To Death
Service Development



IV. SUMMARY

The success of the Pueblo project is affected by numerous, uncontrollable factors including the community size, industrial characteristics, ethnic population, political structure and trends, the location and outside regulatory agency requirements. Keeping in mind these factors on any community project, certain key elements may also be identified as universally applicable to the development of this and other community planning processes for their human services delivery system.

For purposes of replication, these key elements, including methods and techniques for implementation, are sequentially being documented in the forenamed Blue Series. The content of this series is divided by two specific functions. First is the office's internal structure and subsequent functions of administering this program. The Statistics and Computing Center, the Center for Human Development and the Inter-governmental Relations Center are each instrumental for gathering, analyzing and distributing information about each identified generic area. It is within the Planning Division that methods and techniques for implementing the planning process are initiated.

The second broad area is basically community interaction. The creation and success of Community Organization will allow service providers, clientele and the general public to have significant impact on forming priorities and public policy. Each community determines the division of generic areas which best addresses that community's needs.

Agencies buying into the Three Phase Planning Process through generic advisory councils, which develop public policy, review existing programs and create long range planning priorities, comprises the single most important process of involving the public. Participation by these groups, through the OHDS Advisory Committee, will provide the hub necessary for inter-agency, inter-area communication.

Upon successful completion of this project, the community will have established capabilities within each identified generic area which include: reviewing and commenting on existing or proposed services; actively seeking outside funding sources; developing public policy; and increasing public awareness in the area of issues, priorities and local concerns. Public Awareness will be utilized as both an educational tool and as a method for impacting the decision making process of local elected officials.

In summary, the OHDS project will:

(1) Develop a community system in which the public opinion affects the quality and priorities of human service providers;
(2) Provide a system which encourages elected officials to utilize established information channels in their decision making process; and,
(3) Allow for a perpetual human service planning system for the community, by the community.

COALITION FOR HUMAN SERVICES PLANNING

INDIANAPOLIS, INDIANA

CASE STUDY

Mrs. Hester L. Shultz
City of Indianapolis, IN
William H. Hudnut III, Mayor

PREFACE

This document was prepared at the request of the Institute for Information Studies, to be included as a case study for the National Network Building Conference for Coordinating Human Services at the Local Level, sponsored by the Office of Human Development Services as a part of an Emerging Issues Project. This initiative, to promote information sharing of innovative and exemplary management approaches for coordinating human service delivery, responds to the cross-cutting objectives of OHDS.

Information on the developmental process for coordinating human services funding, planning and service delivery for the Indianapolis Case Study was extracted from historical information and documents prepared over a period of years by a number of individuals from both the public and private sector. Special recognition should be given to all of the individuals currently working with the Coalition for Human Services Planning to translate the process into products through cooperative ventures.

The staff of the City's Division of Planning and Zoning and the Community Service Council have provided valuable resource materials and comments which were basic to focusing on the process, current status and proposed direction for future coordination. Special appreciation is directed to Mr. Larry Carroll, Assistant Administrator, and Ms. Mary Kelly, Senior Planner for Human Services, Division of Planning and Zoning, Department of Metropolitan Development; to Mr. Joe Ryan, HEW-IPA Fellow assigned to the City to assist in community-wide human service planning and coordination; and to Mr. Dan MacDonald, Executive Director of the United Way of Greater Indianapolis, all of whom have provided much staff time and expertise in the development of coordination of human services at the local level in Indianapolis. The presenter is especially indebted to these individuals for their professional assistance in the development of this Case Study.

CASE STUDY

INTRODUCTION

The Coalition for Human Services Planning in Indianapolis/Marion County is a totally voluntary effort of the public and private sectors to work together To Promote Better Human Services Through Improved Funding Coordination, Information Sharing, Joint Planning and Development, as stated in the goal of the Coalition.

The Coalition for Human Services Planning in Indianapolis/Marion County was established following a series of earlier local efforts to improve the social service delivery system. The developers of the Coalition used the products of the earlier activities as building blocks for establishing the Coalition. Timing was a key feature of the development of the Indianapolis Coalition; it allowed Indianapolis to benefit from both the positive and negative experiences of other service integration attempts at both local and national levels.

The present Coalition effort was initiated in 1977 when individuals from the private sector requested that the Mayor assume a leadership role in convening the Chief Executive Officials of the major funders of human services. The purpose of the initial meeting was to discuss the need for coordinating efforts to "more effectively impact on human needs and maximally utilize resources."

BACKGROUND

Benchmarks toward Coalition Development

There were several benchmarks prior to the establishment of the Coalition for Human Services Planning which are now recognized as having led toward the development of a community-wide consensus that providers and funders of locally provided human services needed to work together to develop a Coalition. These benchmarks signified a readiness on the part of providers and funding sources to initiate concerted plans to coordinate and improve locally-provided human services.

The community's earliest interest in the development of a coordination effort in Indianapolis is reflected in the report of the National Association of Counties Research Foundation (NACORF), which in 1974 was given an HEW grant to assess the readiness of counties in the U.S. to carry out the then proposed Allied Services Act. Indianapolis was one of the eight counties chosen by NACORF for this survey. After having studied the local human services structure, the study team recommended that the City, under the Unigov consolidation (See Appendix I.), was the "most appropriate prime sponsor for any Allied Service Plan in the County ... and should initiate service integration and arrange a cooperative agreement with other agencies providing services ..." The team concluded that Marion County would be an appropriate site for a computer systems pilot program that would include technical assistance in using data information systems for human service planning.

The Allied Services Act funding did not materialize and Indianapolis was unable to realize participation in the HEW Partnership Grant or SITO projects. However, the NACORF study pointed out a number of activities which were setting the stage for some local efforts toward coordination, although they might not

have been recognized as such at the time. The study pointed out the local capabilities of the Department of Metropolitan Development which was identified as being responsible for most City planning functions: physical, social and economic. The City's Geographic Base File classified data geographically by census tracts, school, fire and taxing disticts and established a base for data aggregation and analysis. It was recognized by the NACORF team that this information system had the capability and potential of supporting a comprehensive human services planning and delivery system. In addition, at this time Indianapolis also had a Census Use (U.S. Department of Commerce) Project and the City's Planned Variation Model Cities Program, funded through HUD, was the largest in the nation.

A second benchmark in developing a concept for cooperative efforts in the human services system came in the form of a staff report prepared by the Indianapolis Division of Planning and Zoning as a part of their Unified Federal Planning Grant Program. This report, Public Services Delivery System, contained many of the basic concepts which were ultimately included in the present coordination effort. The proposed plan was predicated on a total, organized exchange of information, a combined planning approach, and overall coordination of the service delivery effort. The approach to public service delivery as presented in this document was based on the philosophy of treating the total problem spectrum of the individual or family and, ultimately, the entire community. The methodology was designed to identify and deal with causes of dependency rather than effects and thereby bring about a more lasting improvement in the public service area. The proposed system was not implemented in the early 70's because the community was not prepared for it, but was a useful resource for later planning.

The NACORF study had identified many of the barriers to the integration of human services which existed at that time. These barriers, to some extent, continue to plague coordination efforts today. A recognition of the need for more data on human services and a long range design for computer support, the problem of Public Welfare, Public Health and Education systems being outside the control of the local general purpose government and the proliferation of agencies providing services were (and are still) major impediments to the City's being effective in the coordination effort. As there was no concerted State program for services integration and the State programs allowed little local planning, parallel structures developed which resulted in a proliferation of fragmented services. (The State of Indiana passed legislation only in 1977 which established the Intergovernmental Board for Human Services Coordination to address this problem.)

A third benchmark, the Indianapolis Unified Program for Urban Progress, was a major effort to improve human service delivery in the Metropolitan area and marked the earliest recognition that human service coordination could be accomplished through a variety of mechanisms. The Office of Economic Opportunity funded the Board for Fundamental Education's Unified Program for Urban Progress (UP/UP). This project attempted a variety of approaches to improving human services including improved service classifications, improved service information systems, service impact measurement, improved human service funding, improved interagency coordination and integrated human service arrangements.

The Community Service Council of Metropolitan Indianapolis, Inc. (CSC), which is the research and planning agency serving the private sector in Indianapolis, was funded in part under this grant to design the Indianapolis

Service Identification System (ISIS), a basic taxonomy which has since gained wide acceptance in the community. This was the first actual product of a coordinative nature, i.e., ISIS was the first building block toward network building. This taxonomy continues to be one of the most basic technical systems on which the present local networking plan is designed.

Following the development and acceptance of ISIS, the Community Service Council and the City began the process of identifying other types of systems and interagency efforts which would be necessary if coordination was to be effective and a local human service planning information system was to be established. Due to the lack of a unified funding mechanism, these systems of common utility were not further developed at the time. However, the importance of the development of common user-oriented information systems was recognized and the Coalition later addressed this need.

Other Local Attempts at Rationalizing Human Service Planning and Delivery

Many attempts at determining the human service needs of the community have been made during the last decade, recognizing that the available national statistics are inadequate for rational decision-making at the local level. The Community Action Against Poverty's Probability Outreach Study of 1970 and the Community Service Council's Social Vulnerability Study, published in 1973, attempted to identify local needs more specifically, both by geographic location and target groups. A recent document, Selected Indicators of Social Conditions in Marion County, 1980, was a joint venture by the research staff of the Community Service Council and the City and provides a current "picture" based on available information on services, clients and needs at census tract level. It is anticipated that continued updating and expansion of this data will provide a greater understanding of the social conditions in Marion County and that providers of services, funding sources and interested citizens will make more informed decisions and more adequately respond to needs after utilizing this information.

The City's Geographic Base File is currently being expanded to incorporate human service information on a census tract level and additional common data items are being included in the Marion County Data Component of Indiana University's Indiana Information Retrieval System (INDIRS).

The most recent and most comprehensive local effort to identify a rational local system in human service is the Neighborhood Services Study: A Framework for Effective Service Delivery in Indianapolis Neighborhoods, 1980. The Community Service Council, at the request of Indianapolis Settlement, Inc. and the City, undertook this study. CSC chose to use a participatory, consensus-building strategy in the year-long project. The Neighborhood Services Study was a major step toward total community support of a cooperative effort which would ultimately result in systems change at the service delivery level. It was the first time that the total community had dealt with a specific issue of such magnitude. The task was to examine the services of neighborhood centers in relation to needs that exist and to develop a plan for coordinated service delivery. The study focused on neighborhood centers as a response to specialization in the human services and a mechanism for connecting people with existing service resources. The final recommendations from this study included emphasis on access service providers' roles in coordinating services to individuals and families in order to ensure service effectiveness, the theme that had run through many of the earlier recommendations for improving service in the community.

It was identified that a stable base of funding for lead agencies in each of the ten catchment areas of the City was a critical issue. "Access service" funding was considered a priority need, and information and referral was considered a very crucial function performed by the various neighborhood agencies.

A major recommendation was made by the Community Service Council that the Coalition accept as a joint venture project the responsibility for the follow-up action which the study indicated was necessary. This is very significant: first, because there is a community-wide consensus on the need to develop a better service system within each of the ten catchment areas of the City; and secondly, because the methodology of responding to the need by developing an access network is of potential benefit to all human service providers and the joint funding of the one service, access, would result in little loss of agency autonomy.

Local Recognition of Funding Problems

At the same time the above information systems were being developed and studies were being undertaken, the awareness of the importance of identifying human service funding problems was growing. The Peat, Marwick, Mitchell and Co. Study Improving Human Service Funding in Greater Indianapolis, April, 1975, which was also funded through the UP/UP project, was perhaps the most important contribution to the initial development of the Coalition. The accounting firm had estimated that approximately $900,000,000 from all fiscal sources was being spent annually in the county on human services. The analysis of funding recognized the crucial link between funding problems and service delivery problems and clearly stated that the existing system seemed to be geared to respond to individual problems rather than individuals with problems. The recommendations for the establishment of a structure to develop both policy and techniques for coordination were outlined specifically enough that they became the foundation for the Coalition for Human Services Planning.

By the late 70's, before the Coalition was formed, it was apparent that there was a large degree of consensus about the need to coordinate human services in the Indianapolis community. Reaching an agreement to proceed in the development of the Coalition at that point was fairly easy. The major challenge was to design an acceptable structure, provide adequate staff and maintain the commitment and active participation of the funding and planning bodies.

THE COALITION

Establishing Structures and Goals

The purpose of the Coalition, as accepted by the Chief Executive Officials of major funding entities in Indianpolis/Marion County, was to provide an organization of major community institutions concerned with social policy issues and/or financing human services, which through cooperative efforts will more effectively impact on human needs and maximally utilize resources.

Recommended Goal of the Organization:

To promote better human services through improved funding coordination, information sharing and joint planning and development.

Recommended Objectives of Cooperation:

- To establish incentives and benefits for cooperation
- To remove obstacles to cooperation
- To establish mechanisms for improved funding/coordination
- To provide technology for facilitating improved funding/coordination

Recommended Structure for Coalition:

The organization shall consist of two bodies, designated as the Steering Committee and the Technical Committee.

The Steering Committee Consisted of:

- Mayor of the City of Indianapolis
- President of the City-County Council
- Representative of the Office of the Governor of the State of Indiana
- Chairman of the Board of Lilly Endowment, Inc.
- Chairman of the Board, Indianapolis Foundation
- Chairman of the Board, United Way of Greater Indianapolis
- President of Indianapolis Public School Board
- Archbishop of the Catholic Archdiocese of Indianapolis
- Chairman of the Board, Church Federation of Greater Indianapolis

The function of the Steering Committee was to develop a systematic approach to coordinating efforts for funding human resources in the Greater Indianapolis Area.

The Technical Committee was staffed by the organizations capable of providing recommendations and the information needed by the Steering Committee with priority on research and planning. Recommendation of agencies to be on this committee included City department representatives from the Division of Planning and Zoning, Department of Metropolitan Development and the Department of Administration; State representation from the Human Services area, the Community Action Agency, the Indiana A-95 Review Agency, Criminal Justice Planning Agency, Central Indiana Health Systems Agency, Central Indiana Council on Aging, The Consortium for Urban Education, Marion County Health and Hospital Corporation, Indianapolis Urban League, Chamber of Commerce, Community Service Council, Department of Public Welfare, AFL-CIO Labor Council, The Greater Indianapolis Progress Committee, etc.

Preparing a Prospectus

The first charge to the Technical Committee, after a period of information exchange, was to develop and present to the Steering Committee recommendations for a structure or system which would be the mechanism to provide the funding agencies the resource information from which they might make more informed decisions in responding to human service needs in the community.

The following extract from the Prospectus which was submitted to the Coalition Steering Committee in March, 1978 identified the issues which were to be addressed by the Coalition.

> "The Problem: Perception of the obstacles to effective planning and funding of human services varies with those involved in it."

"The policy-maker, either an elected or appointed official or from the voluntary sector, feels that funding decisions too often are made more on intuition or good faith than on fact. Decisions are often in response to outside pressures from special-interests instead of a defined plan or knowledge of what other funding bodies may do. The absence of a neutral, objective source of factual information generally available to and recognized by funding bodies for use in decision-making functions is a shortcoming."

"The planning agency or authority, involved in one or more segments of human services, often works without adequate knowledge of all service programs and has limited relationships to other planning groups and service providers. Also, a few are responsible to outside authority rather than to the community as a whole."

"The service provider, which carries its own operational planning responsibility, does not have all ingredients necessary for effective planning, e.g. data, program guidelines, communication, and consultation."

"The client in search of personal or family assistance does not have the sophistication required to locate the appropriate helping agency and must rely on others. Further there is often too little input from the client in identifying his needs and appropriate solutions."

"The community, because of the diversity of planning and management of its human services institutions and lack of informational feedback from programs, might and often does wonder whether it is getting the maximum from its fees, contributions, and tax dollars."

"In short, major providers, planners and funding authorities lack a central systematic way of assessing needs of clients; determining what service programs will be effective and efficient and making funding decisions with a clear sense of priority."

Planning Needs and Benefits

There was ample recognition of the problems described as well as willingness to seek solutions. Preliminary discussion by Coalition members was translated into a catalog of NEEDS of decisionmakers and planners which were convertible to a prescription of BENEFITS that should result from the Coalition's effort at integration of human services.

These needs included:

General:

- Development of a common language among all bodies concerned with human services planning.
- Dissemination of information about programs, funding cycles, government regulations, eligibility requirements, etc., in an organized fashion to all who need it for planning and funding purposes.
- A resource center for maintenance and synthesizing of studies, reports and special projects undertaken anywhere in the human services area in Greater Indianapolis.

- A forum or system for public and provider discussion of needs, problems and issues.
- Improved communication among planners and between planners and service providers.

Information and Data:

- A centralized Management Information System, i.e., one place where statistics and data of all types can be located and made available to planners and funding authorities.
- Availability of electronic data processing services for use by planners (and providers).
- An integrated Information and Referral program, i.e., a system of tying together all such services for use by workers, clients and agencies.
- Maintenance of comprehensive information on expenditures, sources of financing, etc. for all human service programs.
- Analyses of trends in needs, services and financing.

Coordination:

- Cooperation among all organizations having planning responsibilities in human services.
- Inter-relating "field-of-service" planning between segments of the system, e.g., between manpower and the public welfare system; between community corrections and manpower; and, between health and social services.
- Integration of planning between specific funding authorities, e.g. between city-county and the voluntary sector in multi-service centers; and, between the courts and the voluntary sector in providing youth services.

Program:

- Assessment of total needs in human services as a venture of all agencies.
- Ranking of needs and problems by severity.
- Development of a general plan for future provision of human services.
- Establishment of policy guides for programs and services.
- Provision for input on needs and priorities by citizen groups.
- Development of plans for location and funding of service facilities.
- Development of policies, service arrangements, funding or purchase of services between providers.
- Assignment of special planning projects to one or more planning participants.

Consultation:

- Studies and short-term consultation for service providers, foundations, citizen groups and policy makers.
- Assistance to service providers in development of management capabilities, e.g., personnel administration, and program planning.

Evaluation:

- Development of models for assessment/evaluation of programs and services.

- Provision of independent evaluations of services and programs for providers, planners and funding bodies.

In addition to the original objectives, an operational philosophy (and policy) was recommended as follows:

- The focus of Coalition efforts will be on the individual, family, and community in need of services.
- Direct service providers will not be excluded from the Coalition's work; a system of involvement will be provided.
- The Coalition will address both problem solving and future service delivery, i.e., provide directive rather than only crisis-oriented planning.
- The Coalition will respect the individual autonomy and responsibility of its member organizations.
- No elected, appointed or voluntary official will be asked to abdicate program or funding decisions to the Coalition.
- The program will serve to help planning agencies and authorities, not to replace them.
- The Coalition will seek a united position on human services needs and policies to present to state and federal agencies and officials.

A number of directional decisions were made during 1978. Several options for developing the planning and support mechanisms were considered and a recommendation was made that an existing organization should be designated as a convener-enabler with specific authority assigned. It was also recommended that at least three years be allowed for developing the Coalition program. A third important recommendation was that the bulk of the operational support be from local sources rather than from outside or federal grants. The summation of the first phase of the Coalition development came in late 1978 when the Community Service Council accepted the responsibility of staff support and the first major joint venture was cooperatively funded.

Implementation

After the Technical Committee submitted the prospectus for Steering Committee approval, the original "open-ended" technical committee was restructured and became the Advisory Committee of the Coalition with the charge to initiate some of the recommendations which had been accepted. The Community Service Council had agreed to include the support function for the Coalition as a part of its annual work program. The obligation of the Community Service Council was for core staffing, including one senior planner, who was given the responsibility to operationalize the concept and proposed program of the Coalition, office space and clerical services, and CSC agreed to place "the highest possible priority in its work program directed at making the Coalition an effective mechanism to improve delivery of human services and resolve human problems" (as stated in the Role of the Community Service Council, 10/3/78).

In the reorganization at the beginning of the implementation period (October, 1978), the Advisory Committee was charged with serving as the principal operating mechanism for the Coalition. Its assigned role was to provide recommendations and information which would assist the funding agencies in making more informed decisions. The scope of work included recommending policies and programs, development and assignment of tasks and review of materials generated by the subcommittees and staff, as well as directing implementing action and/or

making recommendations to the Steering Committee. Three working committees were established with the following charges:

- Technical Committee: Design and development of the data collection project and the human services information system.
- Communication Committee: Develop internal and external communications.
- Resource Development Committee: Develop profiles of current and potential funding resources.

The committees provided input in the respective areas, and some participating agencies loaned staff to work on special projects. However, the responsibility rested with the CSC staff to schedule meetings, prepare reports, motivate members to participate, properly inform newly elected or hired staff of the member agencies, and all the other details necessary to keep the process moving.

Project Development

The recommended first priority project, which was described as "development of an integrated human service planning information system", was funded for $50,000 jointly by members of the Coalition, divided equally between the public and private sector participants. This particular project was selected since it was non-turf threatening, was recognized as a need by all funding entities, and could be started immediately because of already existing bases of information in the community. The end product of this joint venture will be an officially accepted uniform base of social and demographic data, by census tract, which will be available for use of all funding and delivery agencies in the community. The Community Service Council is responsible for the contract with the Indiana University School of Business Research Division which already had the 1970 Census Data and other information on its computer as a Marion County Data Component (MCDC). The CSC also was responsible for the transfer of the ISIS information to the MCDC. Much of the information which the City had compiled for housing, transportation and other planning areas is also being contributed to the data base. Health and Hospital Corporation public health statistics, welfare data, criminal justice information and other uniformly needed data will be incorporated as the base is expanded. This project is staffed by one full time data analyst funded by the Coalition. The Chairperson of the Technical Committee which advised this project was a specialist in data development from the Indianapolis Center for Advanced Research (ICFAR). The Center is funded in part by a National Science Foundation Grant. The ultimate goal of the project is to develop the capability of profiling need by geographic areas through linking the four separate proposed components of the Human Services Information System: Human Service Inventory (ISIS), Social-Economic-demographic Data File, Financial Reporting Inventory, and Human Services Activity Profile. As a result of the cross-referencing between ISIS and the Geographic Base File, it is possible to obtain human service information not only on a census tract level, but also by area of activity. This will provide valuable statistical information in a usable form for both planners and funding decision makers.

The Clearinghouse Function

Meeting additional information needs of funders was identified as an important function of the support staff for the Coalition. The necessity of a structure to provide a clearinghouse for information on who is funding what was

recognized at the first meeting of individuals interested in developing the Coalition. In response to this need, the CSC staff prepared a work paper which identified the funding information currently available, as well as the limitations which prevent their development of a clearer, more descriptive picture of human services funding in Marion County. The staff reported that the following obstacles must be overcome to get a concise picture of the human service funding situation in Marion County:

- Lack of common taxonomy in use by all funders
- Difficulties with reporting of matching funds
- Different fiscal years
- Reporting expenditures by agency recipient rather than program
- No central clearinghouse for data on federal funds
- No system of reporting back by the Federal agency of action taken

The benefits that can be derived by overcoming these obstacles are:

- Improved decision making
- Sharing of funding opportunities
- Improved coordination
- Matching funding priorities to needs
- Defining of public and private responsibilities
- More effective planning

While the CSC and the Resource Development Committee of the Coalition were producing a report on local funding resources, the City staff was preparing a work paper, Funding Problems in Human Services: A Local Government Perspective, which identifies the root causes of human service funding problems at the local level. The complexity of the problem, its intergovernmental nature, the degree to which the problem is a function of economic problems and other broad issues are discussed in this document. It is expected that continued analysis in each of these areas will be necessary in order to provide the Coalition members with adequate tools for making rational decisions on funding local human services

Joint Ventures

Although not identified by the title, "joint ventures," many of the building-block efforts toward coordination over the past several years have, indeed, been cooperative efforts between planners, or between funders and/or administrators and, at the service level, case workers who have worked on a one-to-one basis with other case workers to provide solutions to clients' needs. The Coalition definition of "joint ventures" provided a more structured approach than the informal pre-Coalition ad hoc activities. Mutual goals and mutual benefits are rationally considered and specific obligations of participating agencies are articulated in developing joint ventures within the Coalition structure. Inter-governmental and public-private planning or funding of projects on an ongoing basis will be the ultimate test of the effectiveness of the Coalition effort. Acceptance by the Coalition of the proposed design for a network of access centers will be a real indication of the commitment of the Coalition participants to work together on a community-wide project which is truly product oriented, that is, a measurable improvement in access to service for clients. Joint ventures will be another important benchmark in progress for the local human service system.

THE CITY'S ROLE IN HUMAN SERVICES

The City of Indianapolis has been very much involved in this process to provide services which would result in a better quality of life for its citizens; although at the local level, provision of social services has not been recognized as an appropriate function of civil city government.

The City of Indianapolis and Marion County were consolidated and reorganized (effective January 1, 1970) by the Indiana General Assembly, creating a metropolican jurisdiction commonly called "Unigov" (See Appendix I). The City administration is responsible for serving approximately 800,000 persons in the 400 square mile area located in the center of the eight county SMSA. A disproportionately large number of persons in need of human services live within this urban area. When the City's administrative structure was established, public education, public health and public welfare systems, along with the courts and some other functions, were excluded from the authority of the Chief Elected Official, the Mayor. The unigov structure did establish six departments: Public Works, Parks and Recreation, Transportation, Administration, Safety, and Metropolitan Development. Noticeably absent from the above are human services. With the passage of time and the creation of an array of direct funding formulas for provision by local governments (MDTA/CETA, Model Cities/CDBG, etc.) responsibility for human services became vested in the Mayor's office, the Department of Administration and/or the Department of Metropolitan Development.

Thus the City became involved as a direct provider, or at least the administrator for the funding of a limited number of human services. Lines of authority within this structure did not initially encourage cooperative efforts; however, as programs matured the advantages of coordination of common functions were recognized. The Division of Community Services, an operational component of the Department of Administration, has been responsible for performing coordination through contracts with the service centers. The City-County Council had recommended that intake for the Department of Labor's city-sponsored CETA program become a function of multi-service centers which are (partially) funded by the HUD Community Development Block Grant. This resulted in the consolidation of the intake function, thus serving the clients at the neighborhood level, avoiding duplication of the function within two City-sponsored programs, and setting the stage for further coordination at the centers. Core services at the centers are currently funded through contracts with the City through CETA, the CDBG and State Title XX funds. If the Centers become part of the projected access network with a stable base of funding, all these funds and the other local and private funds will be used far more effectively and will move toward the City's goal of equity of access and a standard quality of service throughout Indianapolis/Marion County.

The Mayor's role as "facilitator" for the development of the Coalition is another demonstration of the local government's responsiveness to local needs. Development of a stable base of funding which will guarantee continuity of service availability has been a priority concern of the local government. As a member of the Coalition, the City has a particular interest in helping to refocus all public and private efforts in such a way that this goal is achieved.

Particular contributions to the Coalition effort havebeen made through the City's human services planning component of the Department of Metropolitan Development. In addition to the planning documents mentioned above, staff has

developed a work paper, A Planning Approach to a Coordinated Human Service Delivery System in Indianapolis-Marion County, 1978. This paper presents the findings of an extensive review of integration projects and identifies the 14 principal areas in which specific coordination mechanisms need to be developed before a human service network can be totally implemented in Indianapolis-Marion County. These systems are grouped below by type:

Technical Systems, or systems whose primary purpose is to generate data:

- Taxonomy of Human Needs, Services, Providers
- Information and Referral Data Feedback System
- Unified Data Base
- Eligibility Locator System
- Client Tracking System
- Management Information System
- Fiscal Tracking System

Service Interventions, or systems which change the way that services are made available and delivered to citizens:

- Case Management
- Client Assessment and Service Planning System
- Program Monitoring and Evaluation System
- Access Center Network
- Access Center Supportive Service System

System Interventions, or interventions which will ameliorate problems which everyone is experiencing.

- Training-Staff Development System
- Inter-Service Planning System

Some of these systems exist, at least in part, and/or are used currently by some of the local agencies. Most will become a part of the total community-wide network if it is developed to the maximum extent.

The original proposal for an access center network, which was prepared by the City Staff as an application for State Title XX funding, is now being reworked as a proposed cooperative venture, following the recommendations of the CSC Neighborhood Services Study.

The Coalition Steering Committee's representatives in December, 1979, requested the establishment of an ad hoc staff group to determine what is needed to provide an access component in each catchment area and to determine the funding implications. Since the City was requested to provide a group leader for the committee, the Division of Planning and Zoning requested that the City's HEW-IPA fellow serve as chairman. The City has been fortunate to have this consultant in intergovernmental relationships to assist with the Coalition efforts, as well as other Federal/State/local and public/private endeavors in the human service areas.

The findings of the committee are now being submitted for review and comment in the community before final recommendations are made to the Coalition.

SUMMARY

The City of Indianapolis' experience in developing the Coalition for Human Services Planning can be summarized as a long term (but not continuous) movement from early identification of a need for community cooperation, through a period of trial and error attempts at coordination, to the present voluntary participation in a loosely structured organization.

Over a period of years, building-blocks have been laid for the foundation structure for coordination at all levels - policy makers (both funding entities and administrators), advisory groups, planning executives, direct service agencies and related support units to all of these levels.

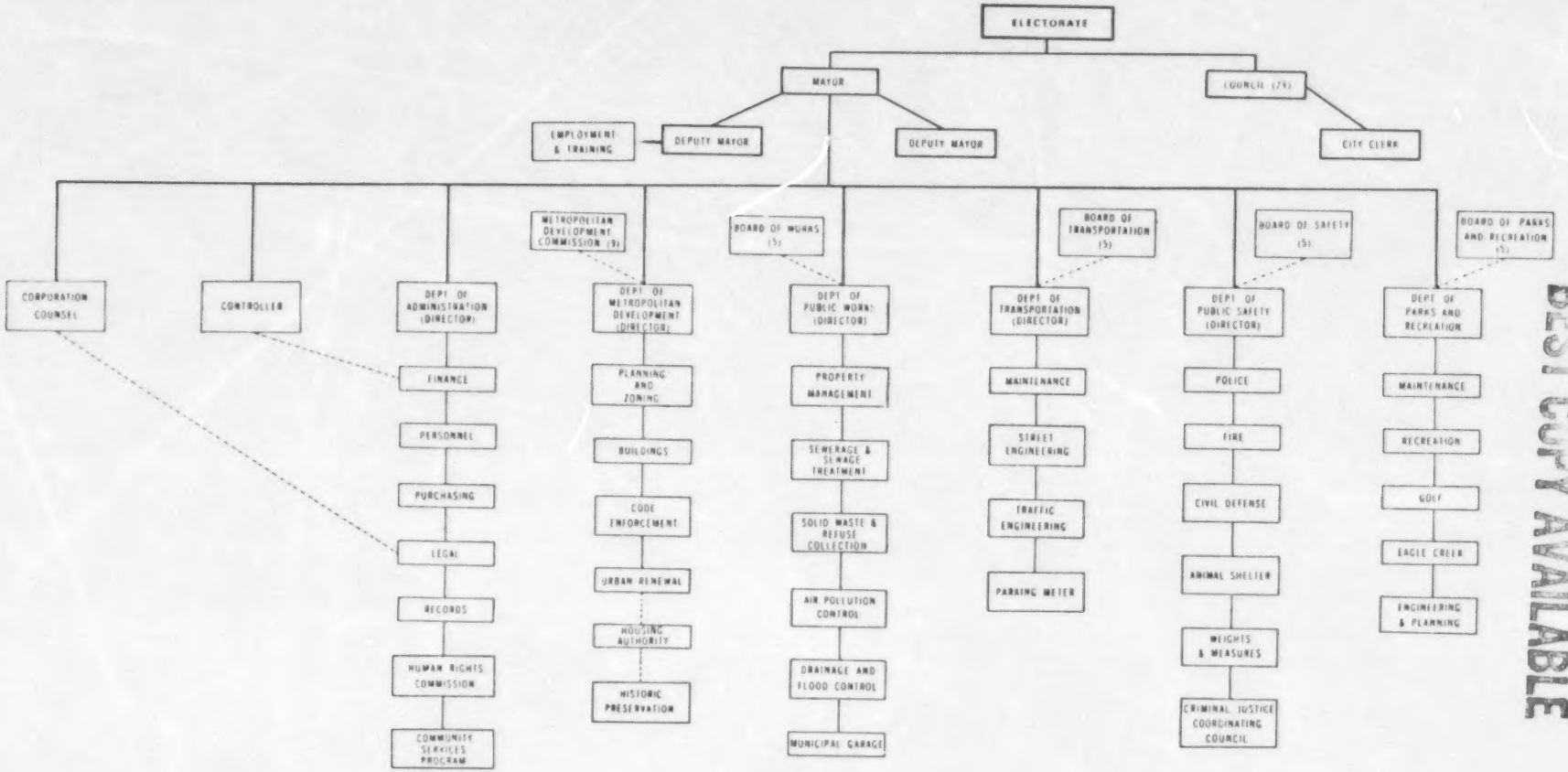
There appears to be a good philosophical support for the present Coalition concept and there have been many short-term benefits from the communication between the public and private sectors during the Coalition developmental period. At this time of re-evaluating the design of the Coalition structure and with the challenge of considering a major product-oriented joint venture which will, in fact, result in a systems change, the real commitment of the participants will be tested. Is the current Coalition effort going to be strong enough in recognition of the community-wide benefits of cooperation to overcome the turf-protection impulses which have allowed past efforts to have only limited success? Will human services become a more important priority for the local government than it has been in the past? Will there be adequate staff support for the effort from the private sector?

Although these questions remain unanswered today, much hope exists in the community of providers and funders that these questions will at least be addressed by the Coalition in a systematic fashion.

APPENDIX I

City of Indianapolis

UNIGOV ORGANIZATION CHART
CONSOLIDATED GOVERNMENT FOR INDIANAPOLIS – MARION COUNTY



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A Description of the Consolidated City of Indianapolis

On March 13, 1969, Senate Bill 543, the "Consolidated First-Class Cities and Counties Act (Uni-Gov)" was signed into law. It reorganized the governments of the City of Indianapolis and Marion County, creating one consolidated city government within the Marion County boundaries. The law went into effect on January 1, 1970.

By consolidating the Indianapolis City Council and the Marion County Council, the Act redistributed most of the power of the Marion County Commissioners, and created a cabinet of six department heads which control the many government functions which had been scattered among numerous departments, agencies, boards, and commissions. Not included in the consolidation act are police and fire districts, school corporations, and public welfare.* (cf Unigov Organizational Chart, following page.)

The Consolidated City of Indianapolis is located near the geographic center of the State of Indiana and of Federal Region V. Marion County covers an area of 401.62 square miles, being nearly a square twenty miles on a side. Its 1970 population was 792,299 (1,973 people per square mile). About half the county was classified by the Bureau of the Census as an urbanized area in 1960; nearly the entire county was so classified in 1970.

* The cities of Lawrence, Speedway, Beech Grove, and Southport were excluded in some respects from the jurisdiction of the Consolidated City of Indianapolis.

APPENDIX A

CONFERENCE PARTICIPANTS

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On the Conference Registration Form, participants indicated the professional functions performed in their present positions. This information has been coded and placed next to each name on the list of conference participants. You may be interested in contacting people with similar responsibilities and discussing concern for related issues at some time.

LEGEND:
- (P) Planning
- (A) Assessment
- (M) Management
- (RA) Resource Allocation
- (SD) Service Delivery
- (E) Evaluation
- (PD) Policy Development
- (C) Coordination

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APPENDIX C

NETWORKING QUESTIONNAIRE RESULTS SUMMARY

The purpose of the networking questionnaire was to allow conference participants to identify major challenges and opportunities in the services coordination area from their own experiences. The questionnaire was handed out at the end of the conference's first day, and participants were requested to complete it before leaving the conference room. A total of 50 participants completed the questionnaire. Thirty-nine indicated that they were actively involved at the local level of government, 15 at the state level, 2 at the regional level, and 4 at the federal level. (Note that one person may be active at more than one level of government.)

Responses on the questionnaire were generally quite congruent with the presentations and discussions of the conference. For example, on question one (a complete text of the questionnaire immediately follows), participants were asked to identify issues involved in network building among human service professionals and local government personnel regarding services coordination. The predominent responses concerned local politics, providing funding for networking efforts, providing training for the professionals and government personnel involved, and setting goals for networking (and indeed for services coordination as a whole) that everyone can at least live with. These areas of concern, especially how local politics impacts on services coordination itself, as well as on sharing of information about it from one setting to another, were much in evidence during the rest of the conference.

Participants mentioned the following types of organizations as most relevant to the issues this conference was intended to discuss (question three):

- professional discipline associations, such as the National Conference on Social Welfare
- voluntary associations such as United Way
- local, county, state and federal agency councils and ad hoc bodies
- standing committees in the local community at large
- the National League of Cities/U.S. Conference of Mayors

Participants cited the following as among the most significant accomplishments to date of the services coordination efforts in which they have been involved: (a) focusing of more and better services for lower income clients; (b) development of survey instruments and committees for planning/conducting service coordination efforts; and (c) conduct of studies to determine needs for service coordination (question five).

Obstacles to success include (also question five):

- the tendency of both individuals and agencies to "play it safe" rather than take risks in developing innovative approaches to services coordination
- "turf" problems that impede coordinating services across agencies
- underfunding of coordination efforts
- lack of joint understanding of goals and priorities

Participants seemed to focus much more heavily on psychological and political barriers than ones of funding or technology, although the latter were also perceived to be important. The underlying theme in many of the questionnaire responses was that the main barrier to success in services coordination efforts is individual and group resistance to change.

Participants also were asked (question ten) what priorities should be addressed in the conference's second day. They asked for more focus on such issues as how to involve clients in services coordination programs; how to involve volunteers and voluntary agencies; how to learn more about DHHS policy on services coordination; and how to hear more "evidence of success" stories from other conference participants.

Finally, participants were asked (question nine) to list follow-on activities from the conference they felt would be valuable. Among their responses were the following suggestions:

- more conferences, including some at the state and regional levels as well as more national meetings
- a regular newsletter on human services coordination
- an information clearinghouse
- technical assistance (probably from the federal level) on how to design and implement human services coordination programs
- publication of a directory of human services coordination programs throughout the country
- creation of a national organization of human service professionals interested in the coordination problem
- encouragement of local agencies to release staff time for work on network building in the coordination area
- a specific recommendation that this conference group support the "US Conference of Human Service Officials" being coordinated by the US Conference of Mayors

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FIRST NATIONAL NETWORK BUILDING CONFERENCE
FOR
COORDINATING HUMAN SERVICES AT THE LOCAL LEVEL

QUESTIONNAIRE

1. What issues do you think are involved in supporting network building among human service professionals and local government officials?

_____

_____

_____

2. What level of government are you most actively involved with at present?

_____Local _____State _____Regional _____Federal

3. What organizations do you presently participate in which are geared to human services, government, business or industry's acceptance of social responsibility? What is the major thrust that seems to be of value?

_____ _____

_____ _____

_____ _____

_____ _____

4. Would you like to facilitate interagency coordination in your area? Yes No

5. Is there an interagency coordinating body in your area? Yes No

If yes, do you feel it is effective enough to be worthwhile? Yes No

If yes, what are your favorite accomplishments or goals? Products?

_____

_____

If no, what are the major obstacles to success?

_____

_____

6. Would you like to develop better interagency communication but find that you are not able to because:

___ most agency staff is overworked and don't have the time?

___ most agency staff do not see the potential benefits?

___ many key people do not care about coordinating with others?

___ political constraints are overriding real human service needs?

___ structural constraints caused by legislation/regulations don't allow room?

___ organizational constraints are demanding internal struggles to survive?

Other _____

7. What are the most important topics you would like to share information about with other human service professionals, other levels of government, and private sector organizations which accept social responsibility?

_____

_____

_____

8. What mechanisms already exist to help you get information on these topics? Professional Associations - Newsletters - Publications - Conferences -- ETC:

_____

_____

9. What network building approaches could be implemented to make it possible to share information that is not now available?

_____

_____

10. What issues do you feel should be raised tomorrow in the conference?

_____

_____

_____

Thank you for sharing
your
concerns and insights.

Responses to this network building questionnaire w reviewed this evening and a synthesis of your experiences and opinions will be the subject of a final wrap up by Dr. Thomas Backer tomorrow at 4:00 pm.

Please keep these questions and comments in mind during the rest of the conference activities so that you can help us learn what you found most relevant and helpful when you fill out the evaluation questionnaire. Your perspective is important to all of us, your creativity counts.

COORDINATING HUMAN SERVICES AT THE LOCAL LEVEL:
PROCEEDINGS
OF THE
FIRST NATIONAL NETWORK BUILDING CONFERENCE

Denver, Colorado
June 23-24, 1980

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I am presently involved in (check all that apply):

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___Assessment ___Policy Development

___Evaluation ___Management

___Coordination ___Service Delivery

I work primarily at the (check one): __Local __State __Regional __National Level

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